

Name
in
Full

Herman Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

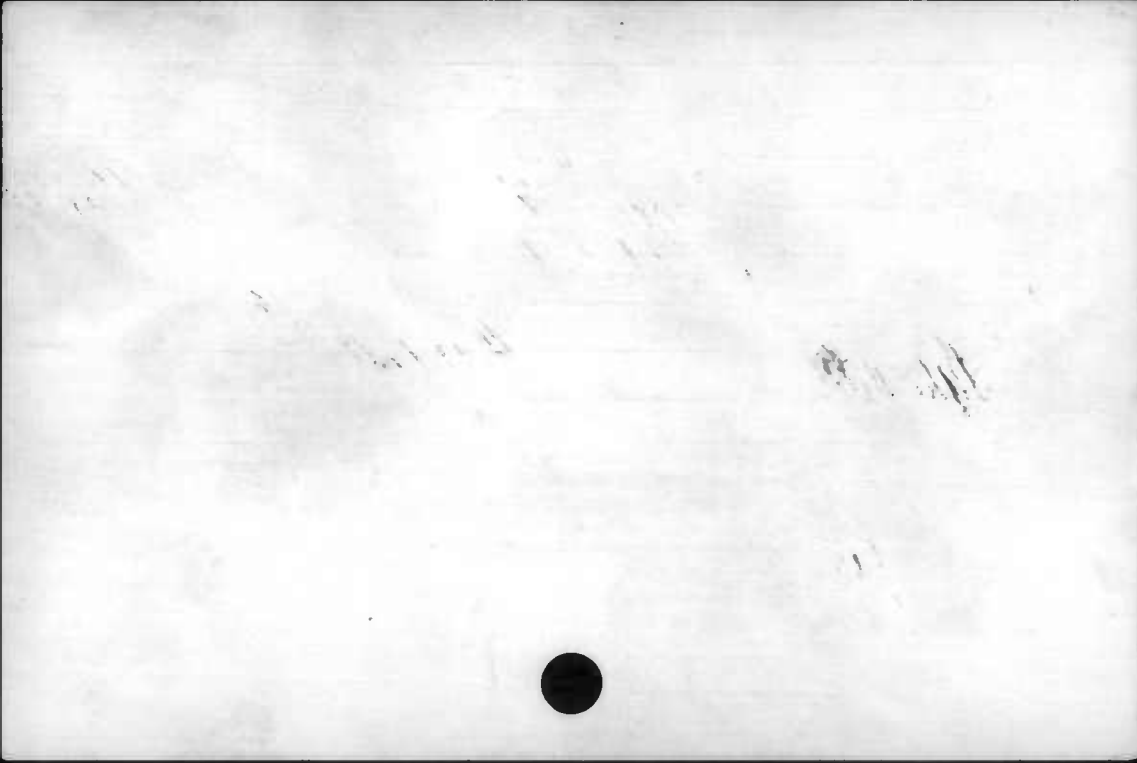
Died at <i>Springfield Hospital</i>		County <i>Carrall</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	19
Sex	M	Color or Race	White	Years	55
Occupation	Brick-layer		Where Residing if not at place of death	Months	Days
Married, Single or Widowed	Single		Name of Wife or Husband	Birth-place	Sweden
Father's Name	Unknown		Father's Birthplace	Sweden	
Mother's Maiden Name	"		Mother's Birthplace	"	
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Pneumonia</i>	How long	<i>11 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. J. Carney</i>
		Address	<i>Sykesville Md.</i>
Accident or Suicide	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James W. Arrington
Town *Sylserville* County *Carroll*

Died at *Sylserville* *Carroll* MARYLAND

Date of death 1909 Aug 1st Age 26 Months — Days —

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Hosp. Records* How related to deceased

CAUSES OF DEATH

64

X

PHYSICIAN
OR CORONER

Primary *Epilepsy, Imbecility* How long *Life*

Immediate *Cerebral apoplexy* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. H. Snively*

Address *Springfield State Hosp. Sylserville, Ind.*

Accident or Suicide *No.*



Name in Full *William H Babylon*

CERTIFICATE OF DEATH

Died at *Mayberry* ^{Town} *Barroll* ^{County} **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *Aug* ^{Year} *20* Age *64* ^{Months} *9* ^{Days} *16*

Sex *Male* Color or Race *White* Birth-place *Barroll Co Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Susan A Babylon*

Father's Name *Samuel Babylon* Father's Birthplace *Unknown*

Mother's Maiden Name *Susan Snyder* Mother's Birthplace *Unknown*

Name of person giving Information *Birnie Babylon* How related to deceased *Son*

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* ^{How long} *2 years*

Immediate *Uremic Coma* ^{How long} *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

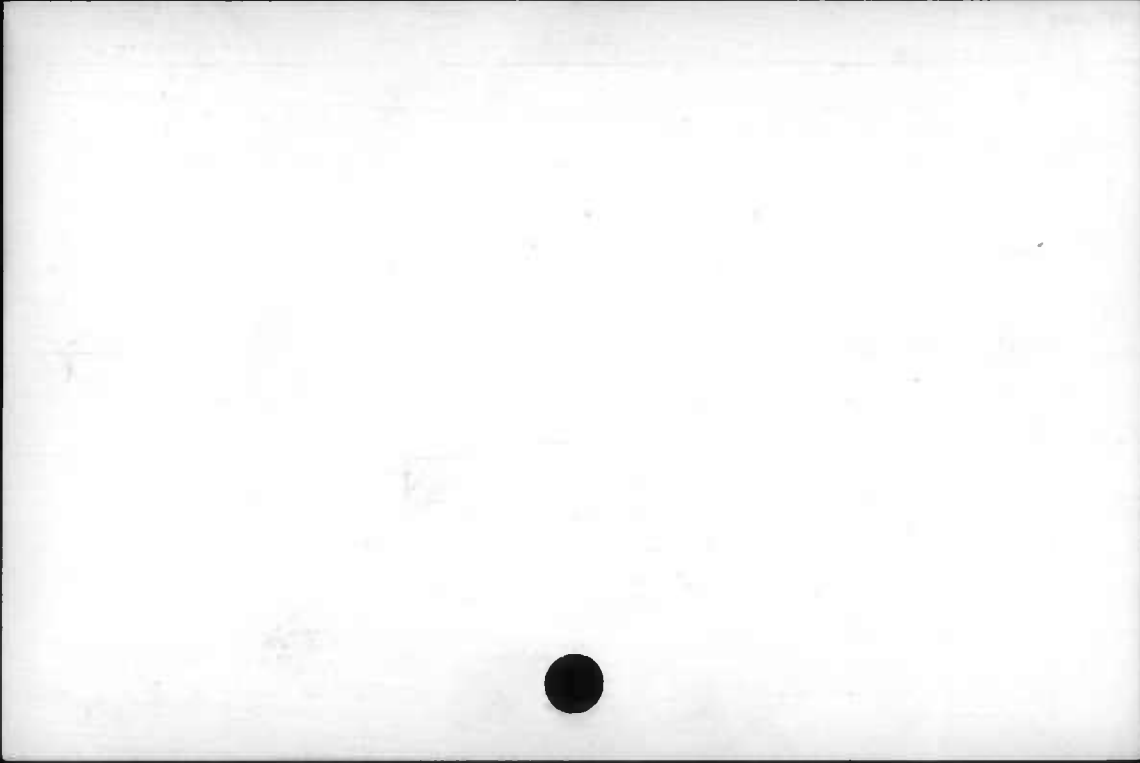
Address

Charles E. Hoop
Laneytown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Melbourne Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

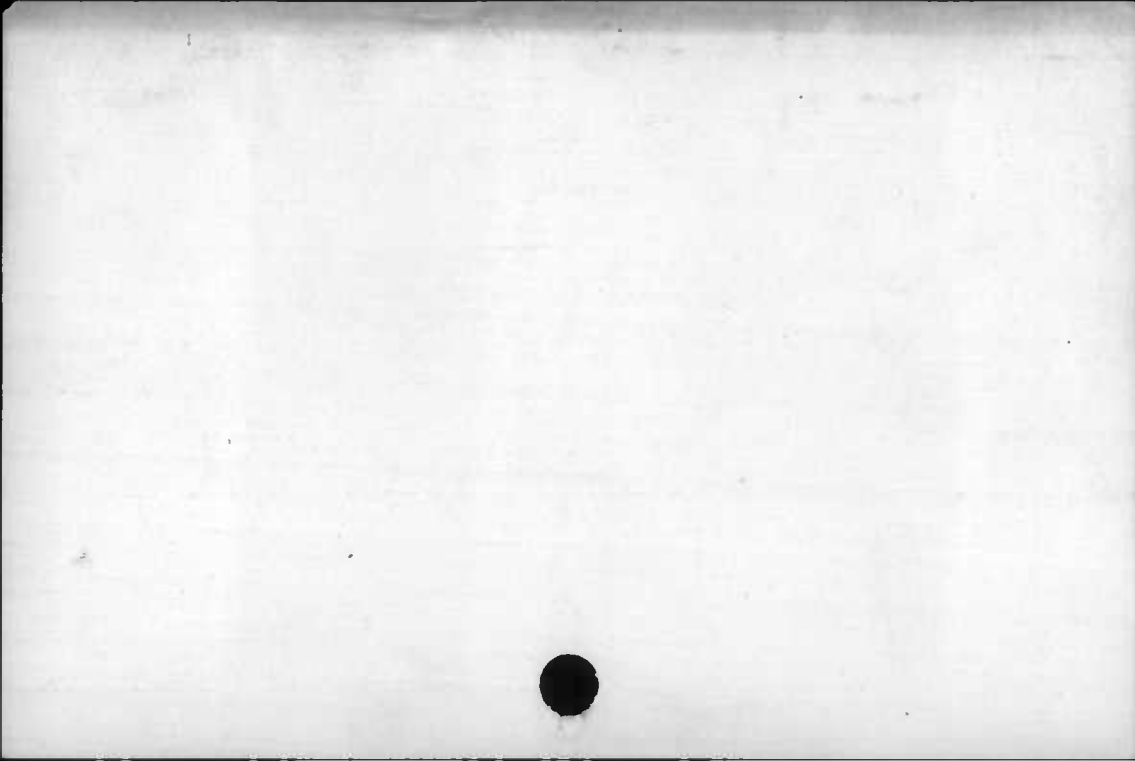
Died at **mt airy** Town **Carroll** County
 Date of death **1909 Aug 13** Age **9** Months **9** Days **?**
 Sex **male** Color or Race **white** Birth-place **?**
 Occupation _____ Where Residing if not at place of death **Baltimore**
 Married, Single or Widowed **Single** Name of Wife or Husband _____
 Father's Name **Not known** Father's Birthplace _____
 Mother's Maiden Name **Not known** Mother's Birthplace _____
 Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

105 X

PHYSICIAN
OR CORONER

Primary **Ileo Colitis Acute Chronic** How long **6 wks.**
 Immediate **Broncho Pneumonia** How long **3-4 days.**
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician **Walter E. Blatz M.D.**
 Address **802 Cathedral St. Baltimore Md. (and Mt Airy)**
 Accident or Suicide? **Per PC James M.D.**



Name
in
Full

CERTIFICATE OF DEATH

John Biehe
Middleburg

Carroll

MARYLAND

Died at *Middleburg* County *Carroll*
Date of death *1909 Aug. 7* Age *81* Months *9* Days *8*

Sex *Male* Color or Race *white* Birth-place *Silver Run Pa*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or *Quanna Sophie*

Father's Name *David Biehl* Father's Birthplace *unknown*

Mother's Maiden Name *Elizabeth* Mother's Birthplace *"*

Name of person giving information *F. Harbaugh* How related to deceased *Son-in-law*

CAUSES OF DEATH.

Primary *disease of heart* How long *1 year*
Immediate *drooping* How long *2 Mos.*

Are the name, age, sex, color, date and place correctly given above? *yes*

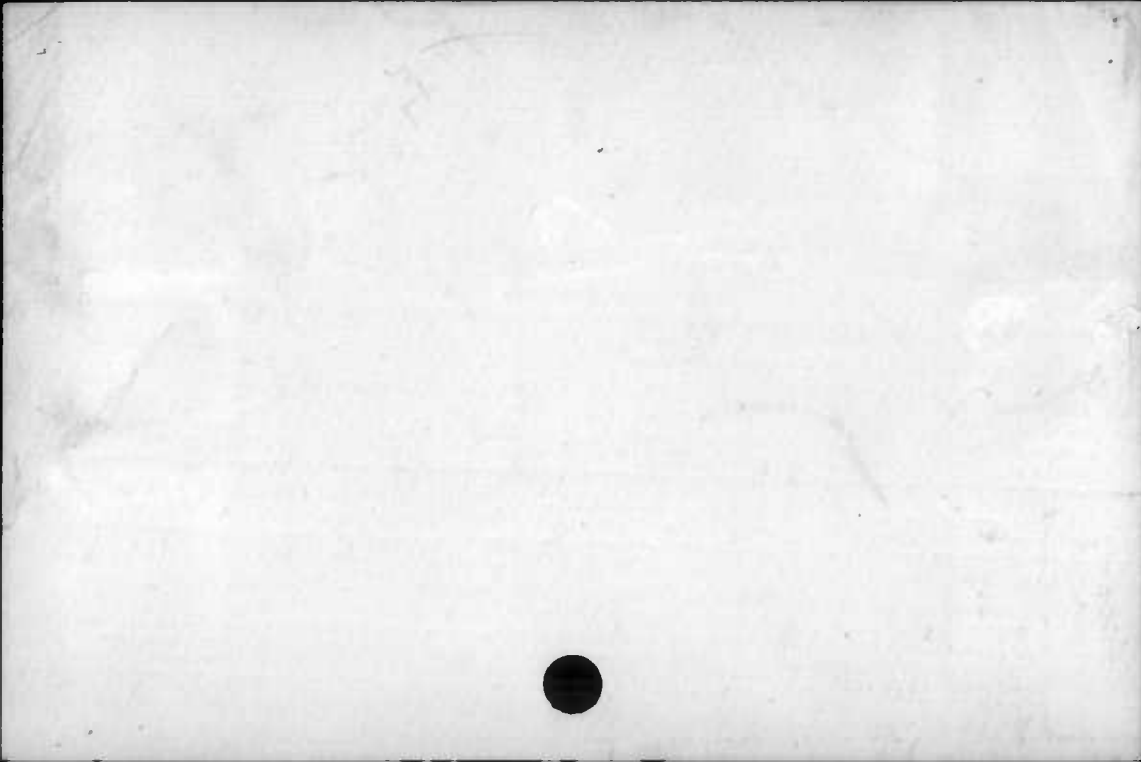
Signature of Physician *C. A. Miller*

Address *Detour*

Accident or Suicide? */*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ralph Hoffacker Bayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

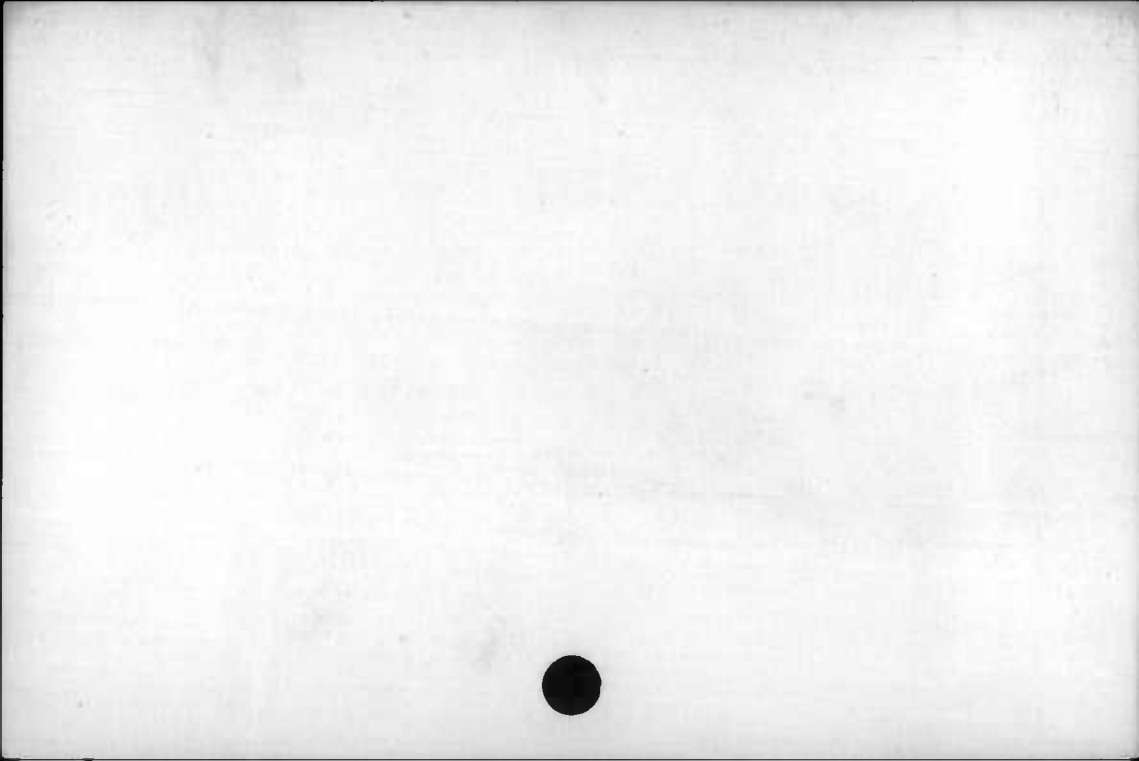
Died at <u>Alesia</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Aug.</u>	Day <u>23</u>	Age	Months <u>11</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hanover Pa</u>		
Occupation			Where Residing if not at place of death <u>Alesia Md.</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>William Bayer.</u>			Father's Birthplace <u>Lineboro Md.</u>		
Mother's Maiden Name <u>Carrie Hoffacker.</u>			Mother's Birthplace <u>Alesia Md</u>		
Name of person giving information <u>Wm Bayer</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>3 days.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>T. Hayward Leverz M.D.</u>	
Address		<u>Lineboro Md.</u>	
Accident or Suicide?			



Name
in
Full

William J. Broshear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Mt Airy</i>		County <i>Carrroll</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	15
Age		5-4		Years	
Sex	male	Color or Race	white	Birth-place	Fredk Co. Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	Fannie L. Broshear		
Father's Name	Richard Broshear		Father's Birthplace	Fredk Co. Md.	
Mother's Maiden Name	Sarah F. Cain		Mother's Birthplace	Fredk Co. Md.	
Name of person giving information	Raymond Broshear		How related to deceased	son	

CAUSES OF DEATH

40

X

PHYSICIAN
OR CORONER

Primary	Cancer of stomach	How long	6 wks
Immediate	asthenia	How long	2 wks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. E. Gaver
		Address	Mt Airy Md.
Accident or Suicide?			

263



Name
in
Full

David Cassell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

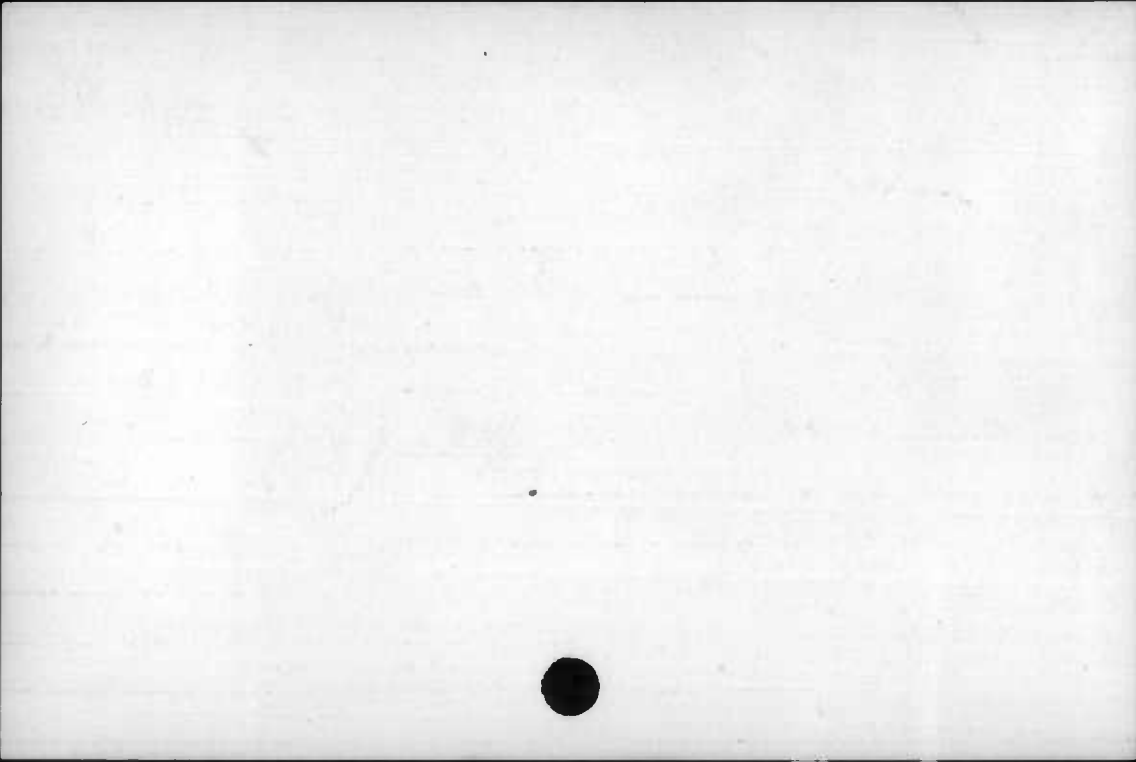
Died at <u>Medford</u> ^{Town}		<u>Cassell</u> ^{County}		MARYLAND	
Date of death	1909	Month	Aug	Day	25
Age	93	Years	9	Months	—
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death <u>Medford</u>		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Fannie Cassell</u>			
Father's Name	<u>George Cassell</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Mary Brown</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>Henry Engler</u>			How related to deceased	<u>Grand son</u>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Serachity</u>	How long	
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. H. Brown</u>
		Address	<u>New Windsor</u>
Accident or Suicide?			



Name
in
Full

Ethel R. Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Winfield* ^{County} *Carroll* **MARYLAND**

Date of death 190*9* ^{Month} *8* ^{Day} *29* Age *30* ^{Months} *3* ^{Days} *16*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Winfield, Md.*

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *Thos. A. Conway*

Father's Name *Thos. R. Buckman* Father's Birthplace *Balto. Co., Md.*

Mother's Maiden Name *Nannie Boone* Mother's Birthplace *Carroll Co., Md.*

Name of person giving Information *Thos. A. Conway* How related to deceased *Husband.*

CAUSES OF DEATH

138

PHYSICIAN
OR CORNER

Primary *Pregnancy* How long *8 months*

Immediate *Uremia* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. J. Crowl*

Address *Gylerville*

Carroll Co

Accident or Suicide



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Winfield</i>		County <i>Carroll</i>		MARYLAND	
Date of death		1909	Month <i>Aug</i>	Day <i>18</i>	Age	Years	Months
Sex		Color or Race <i>white</i>			Birth-place <i>Carroll Co</i>		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Jos. A. Conway</i>				Father's Birthplace <i>Carroll Co</i>			
Mother's Maiden Name <i>Ethel. Buckman</i>				Mother's Birthplace <i>Carroll Co</i>			
Name of person giving information <i>J. A. Conway</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long	<i>18</i>
Immediate	" "	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. T. Crowl</i>	
		Address <i>Taylorville Md</i>	
Accident or Suicide?			

Ebenezer

Name
in
Full

Melvil Irene Cooper

504
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} Carroll ^{County} MARYLAND

Date of death 190 9 ^{Month} Aug ^{Day} 13 Age ^{Years} ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place Maryland

Occupation Where Residing if not at place of death

Married, Single
or Widowed Name of Wife or
Husband Father's
NameAlexander SquireFather's
BirthplaceMarylandMother's
Maiden NameEdna CooperMother's
BirthplacedoName of person giving
InformationRosa CooperHow related
to deceasedGrand Mother

CAUSES OF DEATH

36

How long

X

PHYSICIAN
OR CORONER

Primary

Congenital Syphilis

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Henry M. Hight
Westminster, MdAccident or Suicide (over)

I saw this child once, about July 1st 1909.

Elmer
Jensen

Name
in
Full

Clarence Dell

501
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		August	8				21
Sex		Color or Race		Birth-place			
Male		White		Westminster			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Earnest Dell				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Mary Seayle				Maryland			
Name of person giving Information				How related to deceased			
Earnest Dell				Father			

CAUSES OF DEATH

Primary	Cholera Infusum	How long	105 x
Immediate		How long	One Week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John J. Stewart
Westminster

Accident or Suicide

Westminster Cemetery
Stone

34-748

Name
in
Full

Glenzie Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital - Carroll ^{Town} Carroll ^{County} MARYLAND

Date of death 1909 ^{Month} August ^{Day} 26th ^{Years} Age 25 ^{Months} - ^{Days} -

Sex Female Color or Race White Birth-place Ind.

Occupation Housewife Where Residing if not at place of death -

Married, Single or Widowed Married Name of ~~Wife or~~ Husband Eugene M. Dennis

Father's Name Martin Holloway Father's Birthplace Ind.

Mother's Maiden Name Julia Johnson Mother's Birthplace Ind.

Name of person giving Information Hospital records. How related to deceased None.

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Acute Colitis How long 6 weeks

Immediate Exhaustion from Malnutrition How long 3 weeks -

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician W. Henry Fisher M.D.

Address Sylkerville Ind.

Accident or Suicide no.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo. W. Herilbiss* Town *Sam Creek* County *Carroll*
 Died at *Sam Creek* Maryland
 Date of death *1909 Aug 6* Age *79* Months *4* Days *2*
 Sex *Male* Color or Race *White* Birth-place *MD*
 Occupation *Farmer* Where Residing if not at place of death *Sam Creek*
 Married, Single or Widowed *Married* Name of Wife or Husband *Kate Herilbiss*
 Father's Name *Lerie Herilbiss* Father's Birthplace *MD*
 Mother's Maiden Name *Sarah Nicodemus* Mother's Birthplace *Ind*
 Name of person giving Information *Howard Herilbiss* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Melancholia* How long *(157) X*
 Immediate *Suicide by hanging* How long *Thirty years*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Esther Brown*
 Address *T. J. Windsor Md*
 Accident or Suicide *Suicide*



Name
in
Full

Jane Myrtle Devilbiss

CERTIFICATE OF DEATH

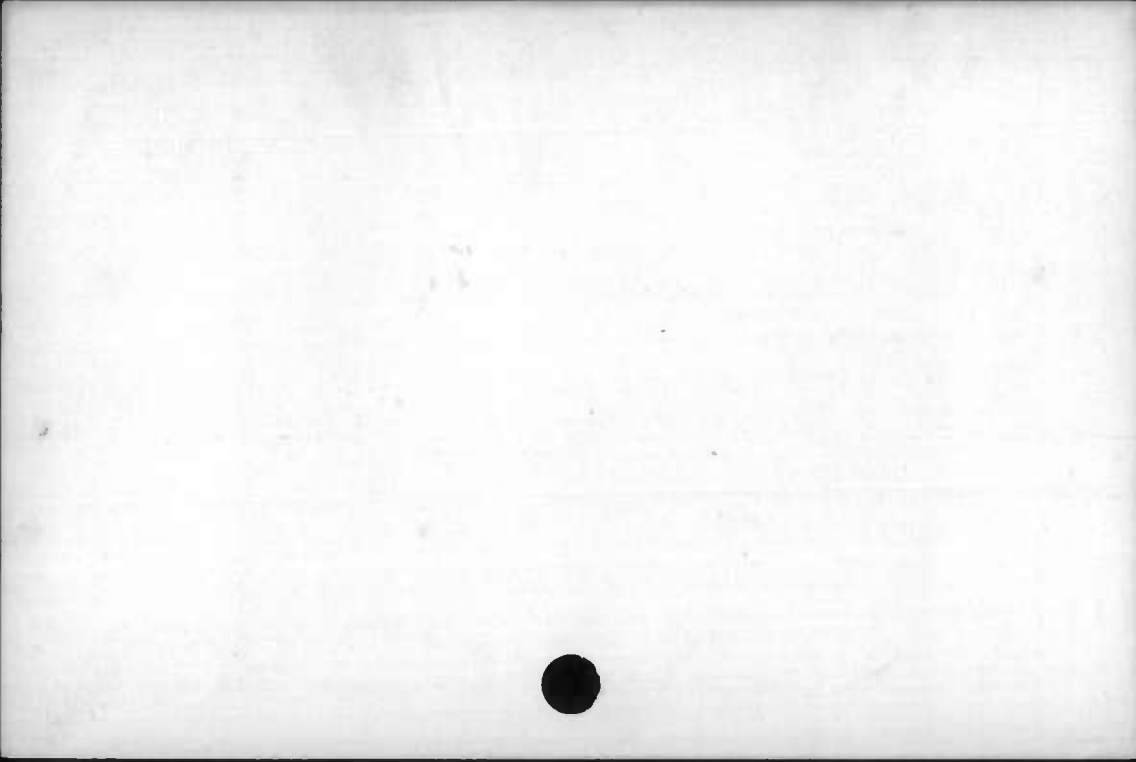
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Aug</i>	Day	<i>15</i>	Age	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>	Months	<i>15</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis and Diphtheria</i>	How long	<i>3 Weeks</i>
Immediate	<i>Convulsion ending in Exhaustion</i>	How long	<i>5 Minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Daniel B. Sprecher,</i>	
		Address	
		<i>Sykesville,</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

Margaret Dorsey

CERTIFICATE OF DEATH

Town

Burrill

County

Carroll

MARYLAND

Died at

Date

of death 1909

Month

Aug

Day

14

Year

Age 80

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

none

Where Residing if not
at place of death

same

Married, Single
or Widowed

Widow

Name of ~~Wife~~
Husband

David a Dorsey

Father's
Name

Wm Brandenburg

Father's
Birthplace

md.

Mother's

Maiden Name

Rachel Penderum

Mother's
Birthplace

md.

Name of person giving
Information

Basil Dorsey

How related
to deceased

son.

CAUSES OF DEATH

Primary

Mitral Insufficiency

How long

unknown

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

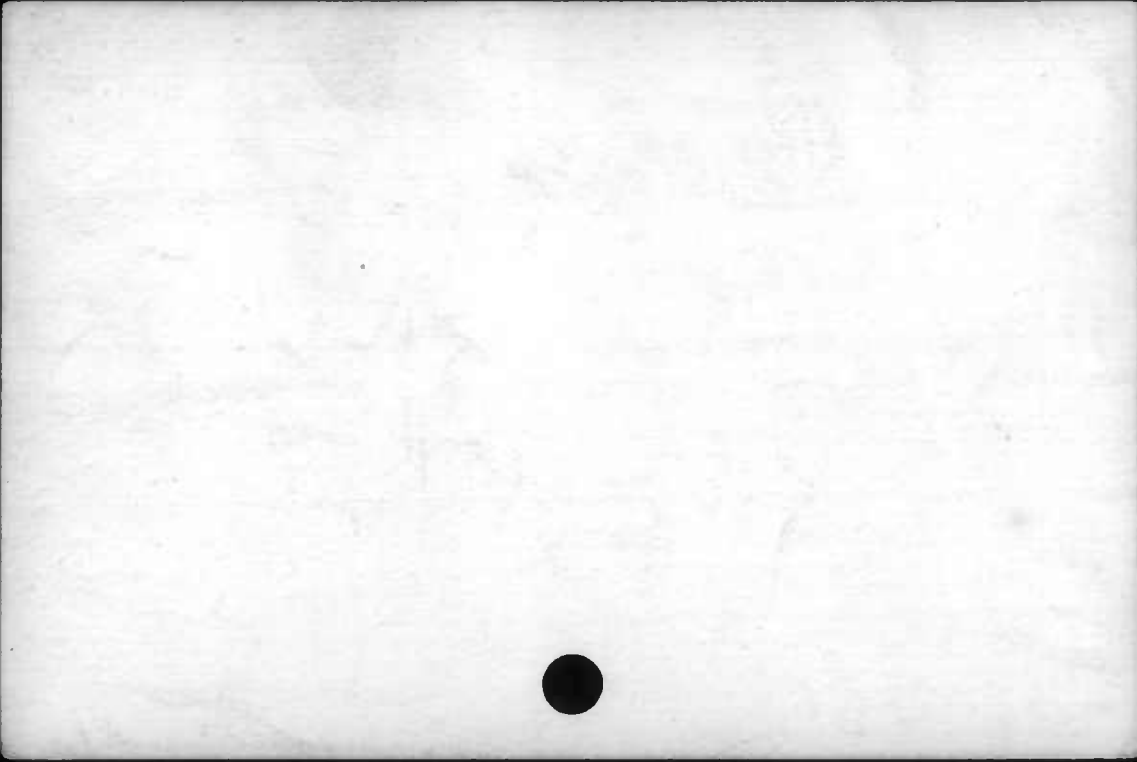
M D Morris

Eldersburg

Accident or Suicide

no.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

570

CERTIFICATE OF DEATH

Name *Ammie Elizabeth Worm*Died at *Westminster* ^{Town}County *Carroll*

MARYLAND

Date

of death

190

Month

Aug

Day

29

Age

Years

Months

4

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Singleton**Worm*Father's
Birthplace*Maryland*Mother's
Maiden Name*Jesse**Spriggs*Mother's
Birthplace*Maryland*Name of person giving
Information*Singleton**Worm*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Enterocolitis

How long

3 days

Immediate

Meningitis

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

L. L. Woodward
Westminster
Md

Accident or Suicide

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

St Ellsmorth Cemetery
Stones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1909 Aug

Month

Day

9

Age

Years

84

Months

7

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Carroll Co., Md.

Occupation

Justice of Peace

Where Residing if not
at place of death

Residence

Married, Single
or Widowed

Married

Name of Wife or
Husband

Hannah Mary Earhart

Father's
Name

Jacob Earhart

Father's
Birthplace

Carroll Co.

Mother's
Maiden Name

Catharine Liehl

Mother's
Birthplace

Carroll Co.

Name of person giving
Information

J. H. V. Earhart

How related
to deceased

Son

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

Gastro Enteritis

How long

7 days

Immediate

Heart failure and Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

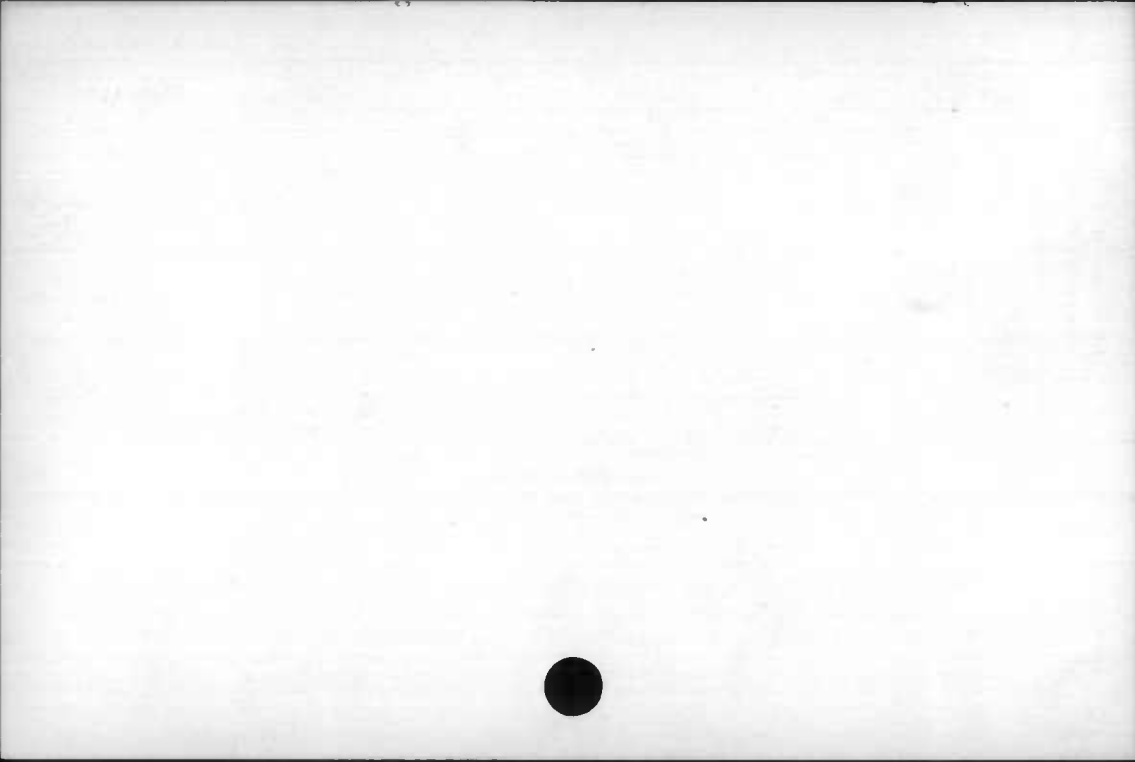
Signature of
Physician

G. Lewis Wetzel, M.D.

Address

Union Mills
Maryland

Accident or Suicide



Name
in
Full

Infant Engler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

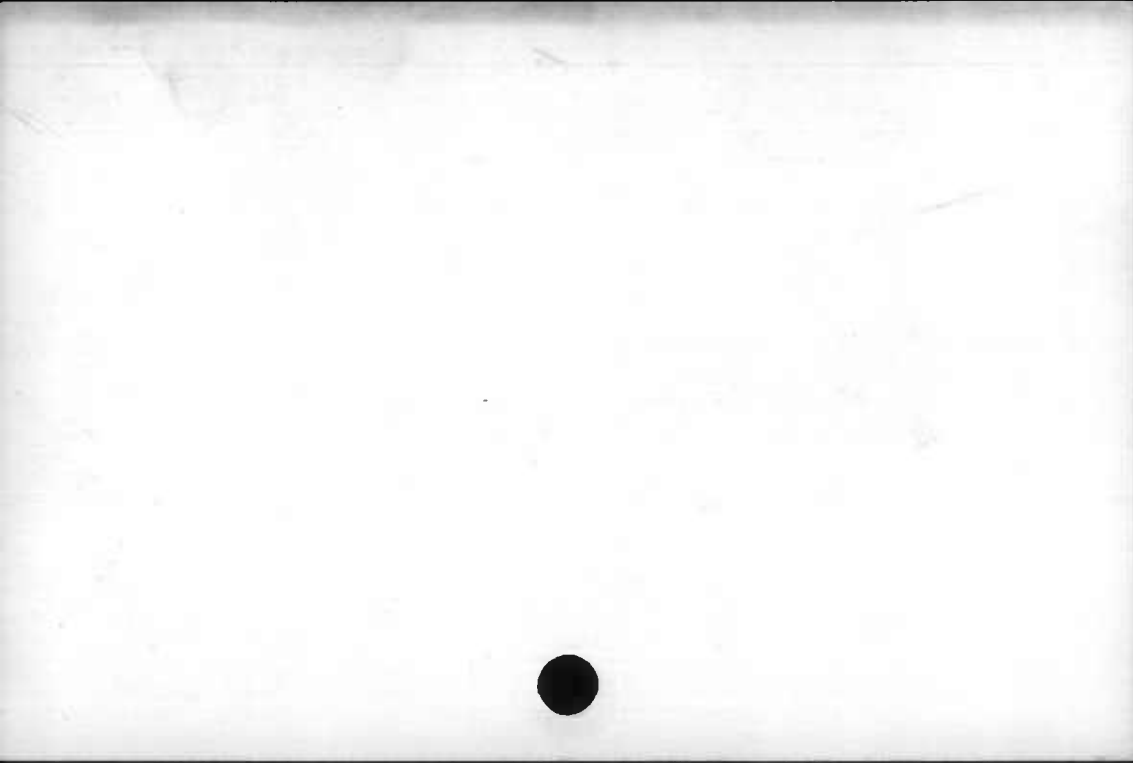
Died at <i>Union Bridge</i> ^{town} <i>Carroll</i> ^{County} MARYLAND	
Date of death 190 <i>9</i> ^{Month} <i>8</i> ^{Day} <i>4</i> ^{Years} <i>4</i> ^{Months} <i>9</i> ^{Days}	Age <i>4</i>
Sex <i>male</i>	Color or Race <i>white</i>
Occupation <i>none</i>	Birth-place <i>Union Bridge Md.</i>
Where Residing if not at place of death <i>none</i>	
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>
Father's Name <i>Oliver Engler,</i>	Father's Birthplace <i>md</i>
Mother's Maiden Name <i>Effie Brook</i>	Mother's Birthplace <i>md</i>
Name of person giving Information	How related to deceased <i>md</i>

CAUSES OF DEATH

151

Primary <i>Constriction of blood</i>	How long <i>4 or 5 days.</i>
Immediate <i>Heart failure</i>	How long <i>none</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James Watt</i>
	Address <i>Union Bridge Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Daniel J. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at ^{Town} Springfield Hospital ^{County} Carroll MARYLAND

Date of death 1904 ^{Month} Aug ^{Day} 7 Age ^{Years} 82 ^{Months} ^{Days}

Sex ^{ma} Color or Race ^{White} Birth-place ^{md}

Occupation ^{Farmer} Where Residing if not at place of death

Marriad, Single or Widowed ^{Widower} Name of Wife or Husband ^{Unknown}

Father's Name ^{Unknown} Father's Birthplace ^{md}

Mothar's Maiden Nama ["] Mother's Birthplace ^{md}

Name of person giving Information ^{Hospital record} How related to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

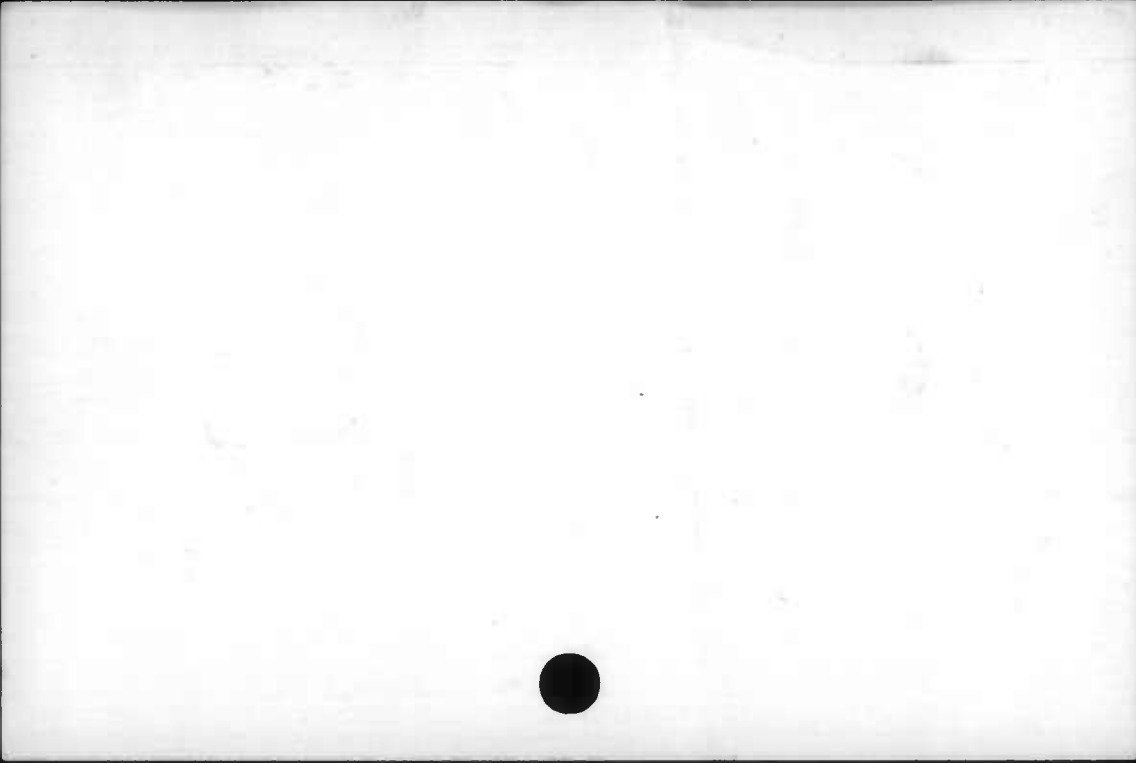
Primary ^{Senile dementia} How long ^{Unknown}

Immediata ^{General debility} How long ^{progressive}

Are the name, age, sex, color, date and plac a correctly givan above? ^{yes} Signature of Physjcian ^{Chas. J. Concy}

Address ^{Sykesville Md.}

Accident or Suicide ^{No}



Name
in
Full

Charles Edward Fortlines

507
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} Carroll ^{County} MARYLAND

Date of death 1909 Aug ^{Month} 17 ^{Day} Age — ^{Years} 1 ^{Months} 14 ^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Charles E Fortlines

Father's Birthplace

Virginia

Mother's Maiden Name

Mary Scott

Mother's Birthplace

Maryland

Name of person giving Information

Charles E Fortlines

How related to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Intestinal Indigestion ^{How long} Several weeks

Immediate

Cardiac Syncope ^{How long} 6 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas R. Fout.

Westminster
Md.

Accident or Suicide

no

Wormsley Quarry



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *James. C. Galt*
Laneytown ^{Town} *Carroll* ^{County}Date of death 190 ^{Month} *9* ^{Day} *Aug* ^{Years} *30* Age ^{Months} *5* ^{Days} *6*Sex *Male* Color or Race *White* Birth-place *Carroll Co Md*Occupation *Bank President* Where Residing if not at place of death~~Married~~ Single *Single* Name of Wife or HusbandFather's Name *Samuel. Galt*Father's Birthplace *Carroll Co Md*Mother's Maiden Name *Mary. A. Crockett*Mother's Birthplace *Federick Co "*Name of person giving Information *Ellen. Galt*How related to deceased *Sister*

CAUSES OF DEATH

Primary *disease Arterial sclerosis*How long *10 years*Immediate *Heart failure*How long *10 minute*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

LeBrier
Laneytown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

10-10-10
10-10-10
10-10-10



Name
in
Full

Martha Ann Grimes

CERTIFICATE OF DEATH

near Gist, Tenn.

County

Carroll

MARYLAND

Date

of death 1909

Month

8

Day

19

Age

Years

80

Months

10

Days

16

Sex

Female

Color or
Race

White

Birth-
place

Maryland.

Occupation

Housewife

Where Residing if not
at place of death

near Gist, Md.

Married, Single
or Widowed

Widow

Name of ~~Wife~~
Husband

David Grimes (deceased)

Father's
Name

Moses Parrish (deceased)

Father's
Birthplace

Unknown

Mother's
Maiden Name

Micha Shipley (deceased)

Mother's
Birthplace

Unknown

Name of person giving
In formation

William H. Grimes

How related
to deceased

son,

CAUSES OF DEATH

40

Primary

Carcinoma of Stomach

How long

2 yrs

Immediate

Starvation

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. D. Crank

Address

Winfield

Carroll Co

Accident or Suicide?

LIBRARY BUREAU A98616

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bethesda

Name
in
Full

Mary J. Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} <i>Winfield</i>		^{County} <i>Canoll</i>		MARYLAND	
Date of death	1909	Month	8	Day	13
Age	74	Years	10	Months	19
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>near Winfield, Md.</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>John J. Haines (deceased)</i>		
Father's Name	<i>Joseph Frizzell (deceased)</i>		Father's Birthplace	<i>Canoll Co., Md.</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Levi Haines</i>		How related to deceased	<i>Son.</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>3 yrs.</i>
Immediate	<i>Uremia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E D Cank</i>
<i>yes.</i>		Address	<i>Winfield Canoll Co.</i>
Accident or Suicide?			

Evermyer

Name
in
Full

Julia A Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died-at Uniontown Town Carroll County MARYLAND

Date of death 1909 Aug 24 Month Aug Day 24 Age 79 Years 5 Months 19 Days

Sex Female Color or Race White Birth-place Md

Occupation Seamstress Where Residing if not at place of death Uniontown

Married, Single or Widowed Single Name of Wife or Husband Uniontown

Father's Name Geo Harman Father's Birthplace Md

Mother's Maiden Name Mary Kille Mother's Birthplace Md

Name of person giving Information J. E. Smith How related to deceased stepson

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Nephritis How long 1 year

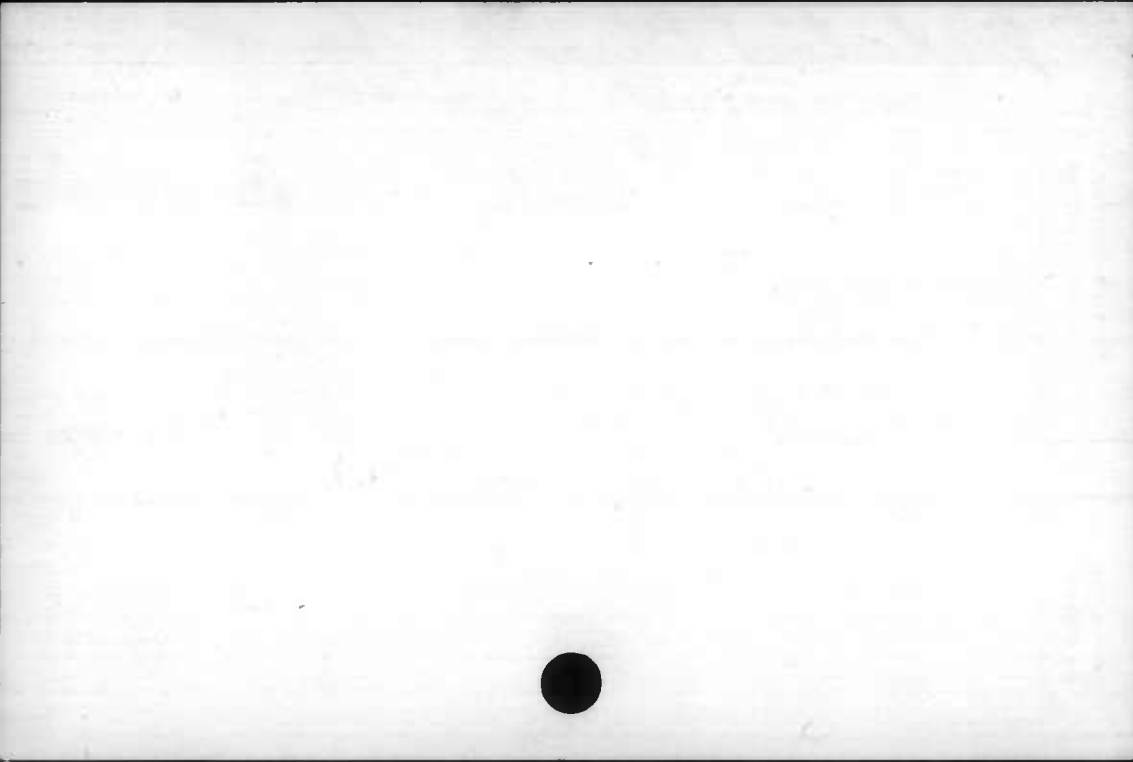
Immediate General Anasarca How long 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Leitch D. Camp

Address Uniontown Md.

Accident or Suicide



Name
in
Full

Madeline Elizabeth Harman 539

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i>	Month	<i>Aug</i>	Day	<i>28</i>
Age	<i>53</i>	Years		Months	<i>7</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Wilbur Harman</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Mary Koobz</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Wilbur Harman</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

X

Primary	<i>Acute Gastro-Enteric Intoxication</i>	How long	<i>Two days</i>
Immediate	<i>Coma from Cardiac Exhaustion</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Carlton Bates M.D.</i>
		Address	<i>Frigillburg, Carroll Co. Md.</i>
Accident or Suicide			

PHYSICIAN
OR CORONER

Meadow Branch
Cemetery (Women)

Name

in
Full

Charles Heratage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt Airy Town		Carroll County		MARYLAND	
Date of death 1909	Month Aug	Day 8	Age	Months 4	Days 10
Sex Male		Color or Race White		Birth-place Balta. Md.	
Occupation			Where Residing if not at place of death Baltimore (3247 Fremont Ave)		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Unknown			Father's Birthplace Unknown		
Mother's Maiden Name Unknown			Mother's Birthplace Unknown		
Name of person giving information Unknown			How related to deceased Unknown		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Marasmus	How long Life time
Immediate Acute Inanition	How long 6 hours. +
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Walter B. Hall
	Address 802 Cathedral St Baltimore Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Abraham Hesson

County

MARYLAND

Died at *Harriet*

Carroll

Date

of death

1909 Aug 26

Age

80

Months

9 5

Days

Sex

Male

Color or
Race

White

Birth
place

Frederick Co Md

Occupation

Retired Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Anna Hesson

Father's
Name

Daniel Hesson

Father's
Birthplace

Carroll Co Md

Mother's
Maiden Name

Margdaline Garner

Mother's
Birthplace

Pa

Name of person giving
Information

L. J. Hesson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senile debility

How long

64

Immediate

Cerebral Hemorrhage

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

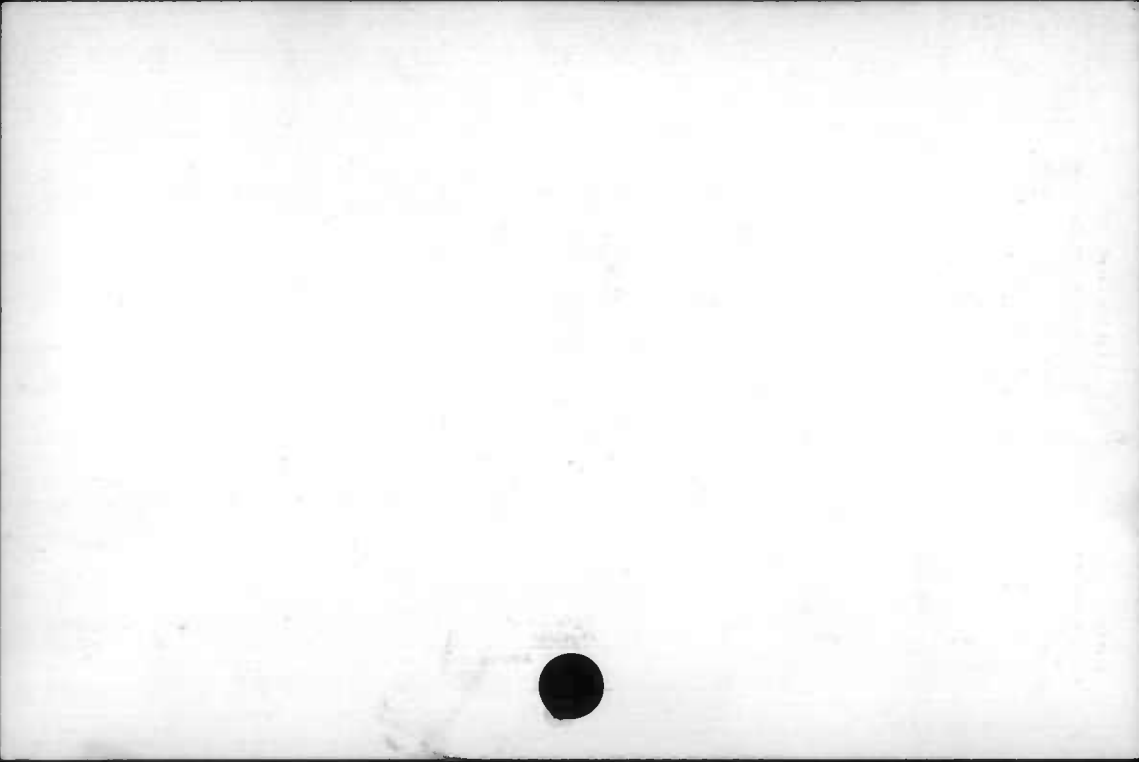
Signature of
Physician

Address

*J. B. Binnia
Tanytown
Md*

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Carroll Hewitt

MARYLAND

Died at ^{Town} Near Freedom ^{County} Carroll

Date of death 1909 Aug. 10 Age 75 Months — Days —

Sex Female Color or Race White Birth-place Md.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Robt. Hewitt

Father's Name Wm. Carroll Father's Birthplace Md.

Mother's Maiden Name Annie Polye Mother's Birthplace Haydon Co Va

Name of person giving Information Jas. Hewitt How related to decedent Son

CAUSES OF DEATH

74

Primary Nervous Prostration How long one year

Immediate Cardiac Exhaustion How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

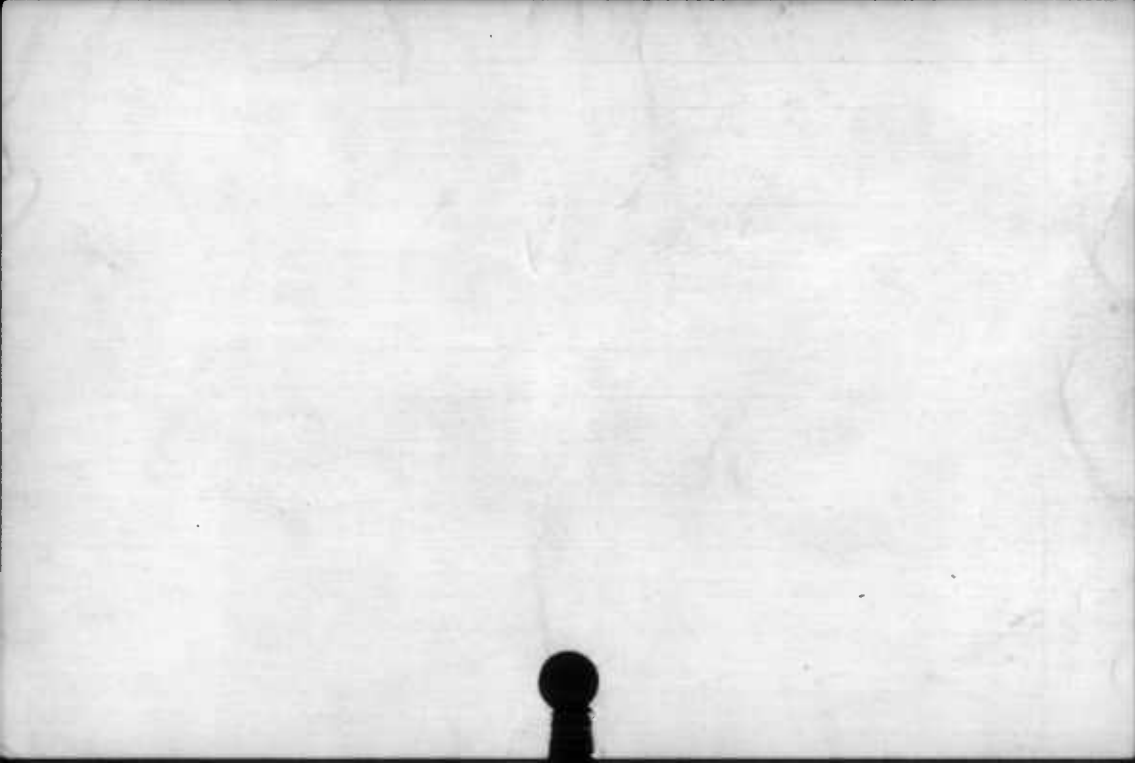
Signature of Physician E. D. Crank

Address Winfield Carroll Co.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

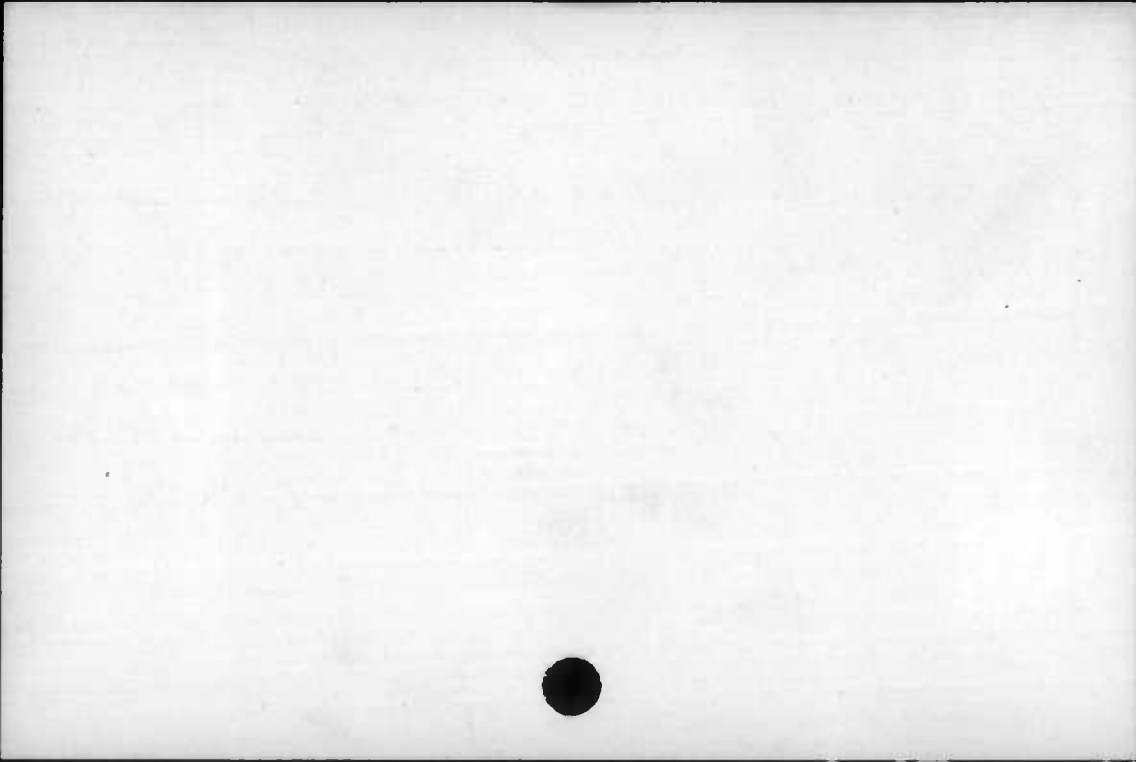
Name in Full <i>Ruth Catherine Hoffacker</i>		Town <i>Alsea</i>		County <i>Clatsop</i>		MARYLAND	
Died at <i>Alsea</i>		Month <i>Aug</i>		Day <i>13</i>		Years <i>3</i>	
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>13</i>		Years <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Alsea, Ind.</i>		Months <i>21</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Sam'l J. Hoffacker</i>				Father's Birthplace <i>New Alsea, Ind.</i>			
Mother's Maiden Name <i>Jessie C. Black</i>				Mother's Birthplace <i>Weymouth, Pa.</i>			
Name of person giving information <i>Sam'l J. Hoffacker</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 months</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Sherman M.D.</i>	
		Address <i>Manchester, Ind.</i>	
Accident or Suicide?			



Name
in
Full

Ruth Elizabeth Hopkins

503

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fountain Valley ^{Town} Carroll ^{County} MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 12 Age 2 ^{Months} 0 ^{Days} 14

Sex Female Color or Race white Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name George W Hopkins Father's Birthplace Maryland

Mother's Maiden Name Fannie B. Babylon Mother's Birthplace do

Name of person giving Information George W Hopkins How related to deceased Father

CAUSES OF DEATH

106

X

PHYSICIAN
OR CORONER

Primary Acute Necrotic Exhaustion & Broncho Pneumonia Five days.

Immediate Exhaustion & Broncho Pneumonia One day.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Carlton Bates. Address Fryburg Ind.

Accident or Suicide _____

Meadow Brand
Shower

Name
in
Full

Milton Isaac Hull

CERTIFICATE OF DEATH

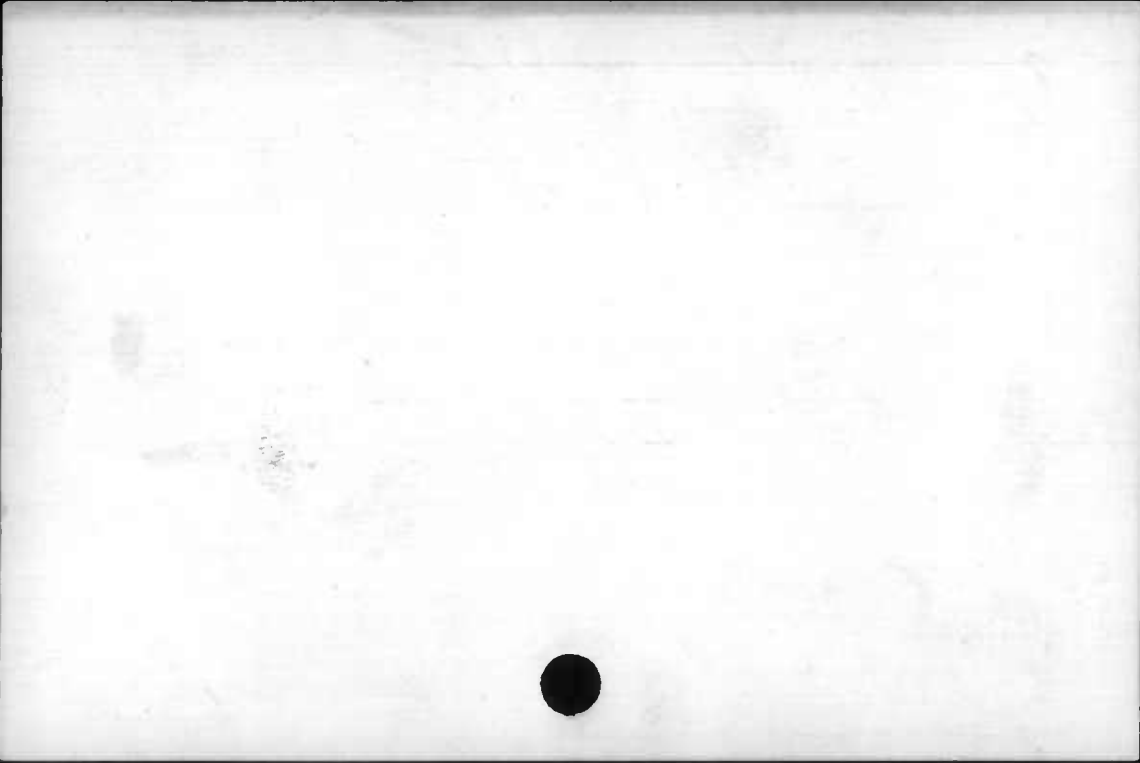
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Green Valley & House</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death 1909 ^{Month} <i>Aug</i> ^{Day} <i>9</i>		Age ^{Years} <i>49</i>		^{Months} <i></i> ^{Days} <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single <i>Married</i> or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Hull</i>			
Father's Name <i>Isaac Hull</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Sarah Mahan</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving Information <i>Mary Hull</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>9 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Charles R. Rupp</i>	
		Address <i>Farmington Md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Conor Evelyn Kalebaugh

CERTIFICATE OF DEATH

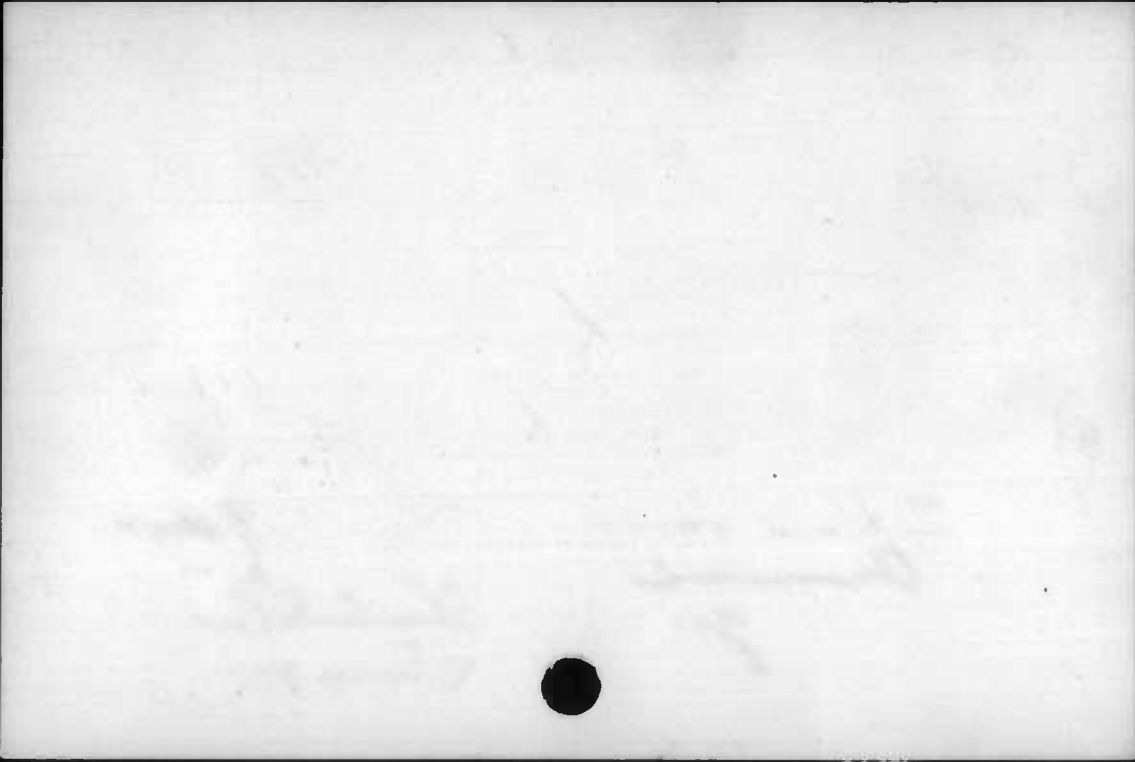
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cramberry</i>		Town <i>Cramberry</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>8</i>		Day <i>27</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cramberry Md.</i>		Months <i>9</i>	
Occupation		Where Residing if not at place of death		Years <i>18</i>		Days	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband		Father's Name <i>William Kalebaugh</i>		Father's Birthplace <i>Dulwin Co. Woodensburg</i>	
Mother's Maiden Name <i>Laura Bigler</i>		Name of person giving information <i>William Kalebaugh</i>		Mother's Birthplace <i>Md.</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chorea Infantum</i>		How long <i>105</i> X <i>5 days.</i>	
Immediate <i>Convulsions</i>		How long <i>6 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. C. Preston M.D.</i>	
		Address <i>Hampstead, Md.</i>	
Accident or Suicide?			



Name
in
Full

Miss Ann Kirkbride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

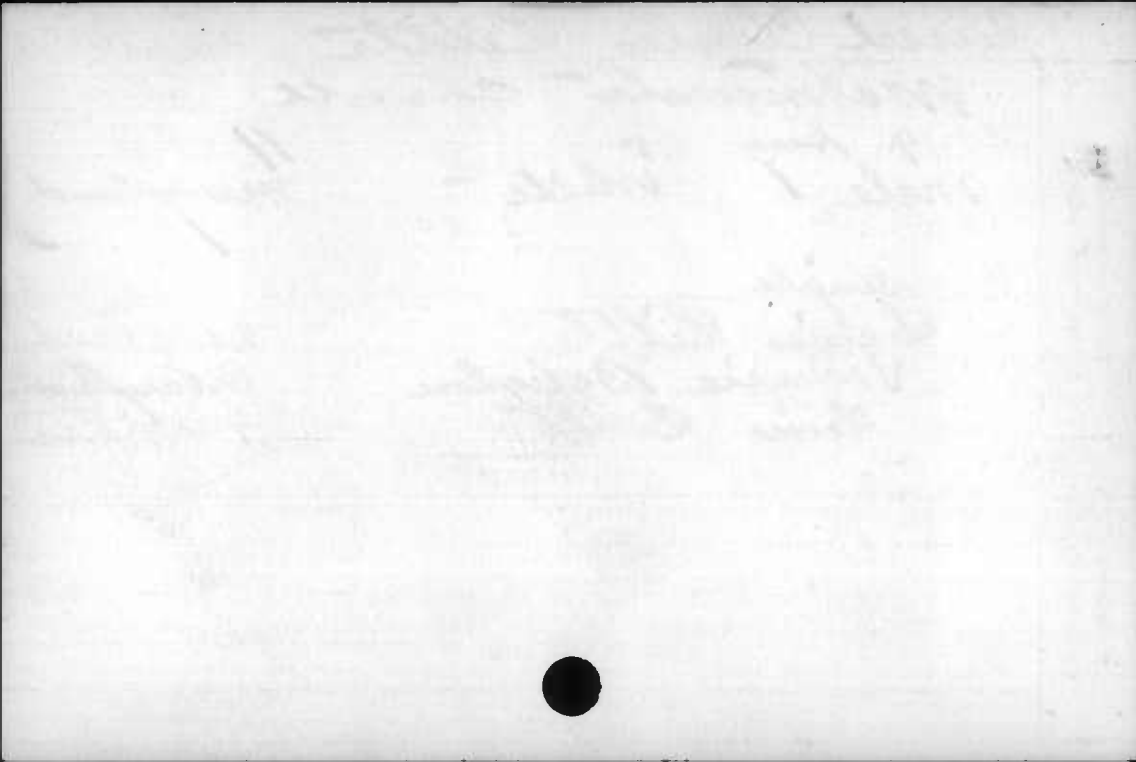
Died at <i>Syracuseville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>909</i> ^{Month}	<i>Aug</i> ^{Day}	<i>22</i> ^{Years}	<i>6</i> ^{Months}	<i>29</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Birth-place	<i>Bucks Co., Pa.</i>				
Occupation	<i>_____</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>_____</i>		
Father's Name	<i>Mahlon Kirkbride</i>			Father's Birthplace	<i>Bucks Co. Pa.</i>
Mother's Maiden Name	<i>Mary Warner</i>			Mother's Birthplace	<i>Bucks Co. Pa.</i>
Name of person giving information	<i>Mrs Mary K Miller</i>			How related to deceased	<i>Niece.</i>

CAUSES OF DEATH

79 X

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Dilatation</i>	How long	<i>Some Years</i>
Immediate	<i>Failure of Central Nervous System</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Daniel B. Shreever</i>	
		Address <i>Syracuseville Md.</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

Russel Charles Little

558

CERTIFICATE OF DEATH

Died at ^{Town} Westminster ^{County} Carroll MARYLANDDate of death 1909 ^{Month} Aug ^{Day} 25 ^{Age} ^{Years} ^{Months} 11 ^{Days}

Sex male Color or Race white Birth-place Maryland

Occupation Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Lewis Little Father's Birthplace Maryland

Mother's Maiden Name Vinnie Babylon Mother's Birthplace Maryland

Name of person giving Information Lewis Little How related to deceased Father

CAUSES OF DEATH

Primary Cholera How long 10 days

Immediate to cholera typhoid How long 12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Frizzleburg cemetery
Stoner

Name
in
Full

Harry Elmer Lowe

502

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug	10	1		8	24
Sex	Male	Color or Race	White		Birthplace	Maryland	
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Harry E. Lowe				Father's Birthplace	Maryland	
Mother's Maiden Name	Mollie Brown				Mother's Birthplace	Maryland	
Name of person giving Information	Harry E. Lowe				How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Drunk	How long	3 days
Immediate	Inflammation of Brain	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr J D Coonan	
		Address	
Accident or Suicide			

Meadow Branch Cemetery.
Stones,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Malcolm J. Zyov

Town

County

Died at

Lykesville

Carroll

MARYLAND

Date

of death

1909 Aug

Day

30

Age

Years

70

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Mass.

Occupation

Agent

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Huaband

Unknown

Father's
Name

Ralph V. Zyov

Father's
Birthplace

Mass.

Mother's
Maiden Name

Catharine Sweet

Mother's
Birthplace

R. I.

Name of person giving
Information

Hospital Records

How related
to deceased

CAUSES OF DEATH

Primary

Senility

How long

2 years

Immediate

Acute Bronchitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S. H. Smarchy

Address

Springfield State Hosp.
Lykesville, Md.

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Frederick Marguet
Town *Tyrone* County *Carroll* MARYLAND

Died at *Tyrone*

Date of death 190 *9* Aug *Sunday* Age *88* Months *10* Days *2*

Sex *Male* Color or Race *White* Birthplace *Germany*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Sophia G Marguet*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Id*

Name of person giving Information *Jacob H Marguet* How related to deceased *Son*

CAUSES OF DEATH

Primary *Senility* How long

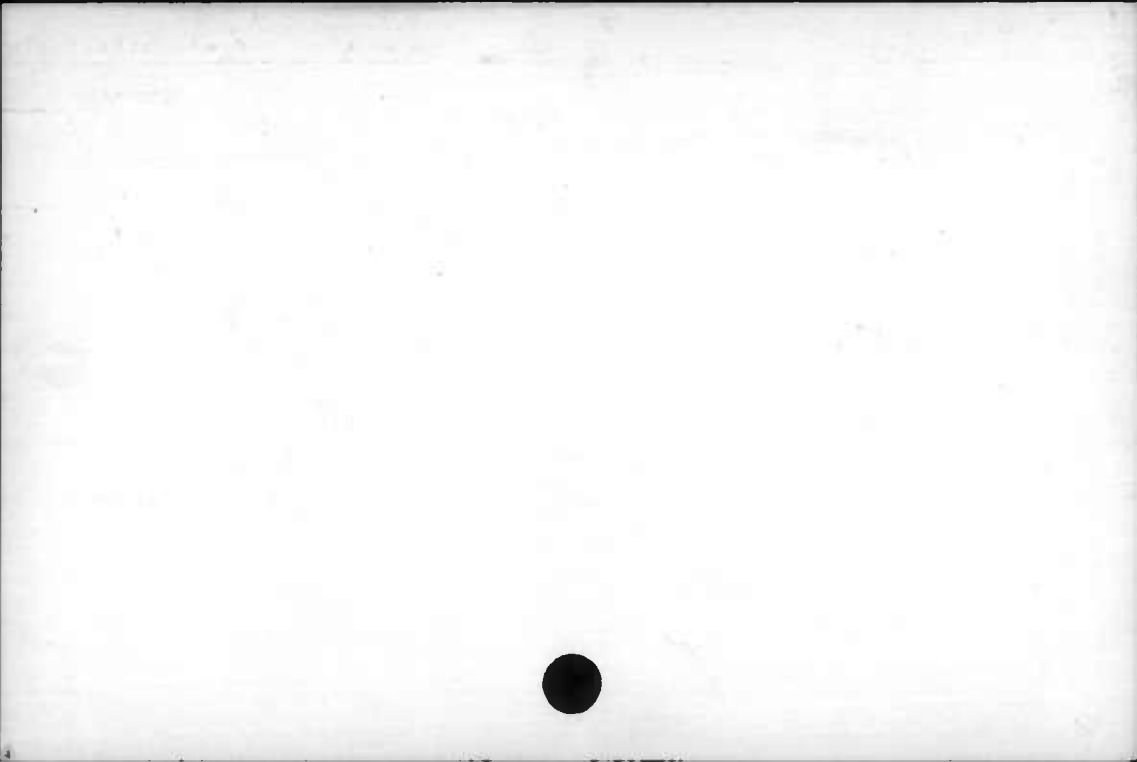
Immediate *Failure of Circulation* How long *Six months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Luther Keck* Address *Uniontown Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Annie May Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millers		County of Carroll		MARYLAND	
Date of death	1909	Month 8	Day 25	Age 22	Years	Months 5	Days 8
Sex	Female		Color or Race	White		Birth- place	at Millers
Occupation	House lady			Where Residing if not at place of death Millers Md			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Miller					Father's Birthplace	Millers Md
Mother's Maiden Name	Mary Harris					Mother's Birthplace	Elisabeth
Name of person giving In formation	John Miller					How related to deceased	Son

CAUSES OF DEATH

Primary	Typhoid Fever	How long	10 days
Immediate		How long	

Are the name, age, sex, color, date
and place correctly given above?

yes

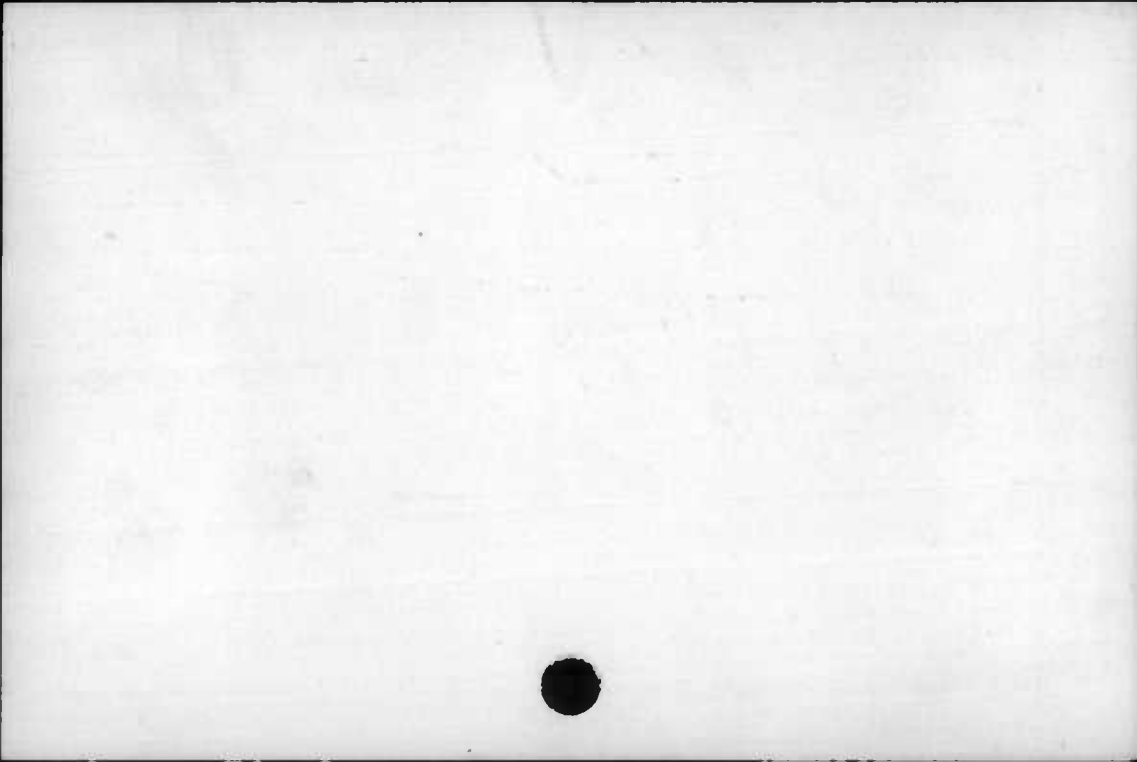
Signature of
Physician

Address

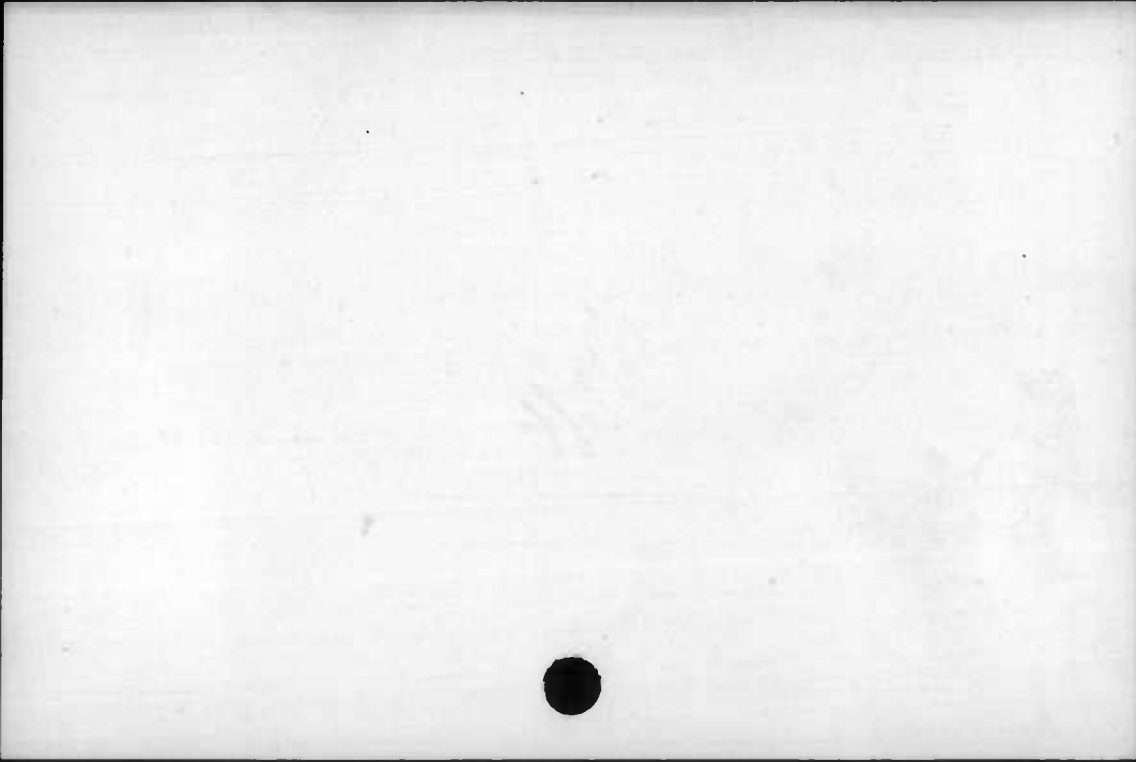
J. H. Sherman M.D.
Manchester

Accident or Suicide?

Md



Name in Full Martha Elizabeth Miller		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Alena Town		County Carroll
	Date of death 1909		Month Aug
	Day 19		Age
	Sex Female		Color or Race White
	Occupation		Birth-place Alena
	Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband
Father's Name Wm H Miller		Father's Birthplace Baltimore - G Md	
Mother's Maiden Name Virginia E A Redding		Mother's Birthplace Carroll Co Md	
Name of person giving information Wm H Miller		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Convulsions		How long 1 day
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J H. Sherman M.D.
			Address Manchester Md
	Accident or Suicide?		



Name
in
Full

Elizabeth Alice Morelock

573

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 31 ^{Years} Age 47 ^{Months} 2 ^{Days} 23

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Occupation House Wife ^{Where Residing if not at place of death} —

Married, Single or Widowed Married ^{Name of Wife or Husband} A Bailey Morelock

Father's Name William H Bell ^{Father's Birthplace} Maryland

Mother's Maiden Name Mary Saunders ^{Mother's Birthplace} L. O.

Name of person giving Information A Bailey Morelock ^{How related to deceased} Husband

CAUSES OF DEATH

27 X

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis ^{How long} 12 months

Immediate Exhaustion ^{How long} 48 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas. R. Foutz

Address Westminster, Md.

Accident or Suicide no

Shaner

Westminster Cemetery -

Name
in
Full

Elise Husbaum.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Union Bridge.</u>		County <u>Carroll.</u>		MARYLAND	
Date of death	1909	Month	Aug.	Day	13.
Age	25	Years		Months	6
Sex	Female.	Color or Race	White	Birth-place	Fred. Co. Md.
Occupation	Dressmaker.		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Samuel Husbaum.			Father's Birthplace	Fred. Co. Md.
Mother's Maiden Name	Deborah Barrock -			Mother's Birthplace	Fred. Co. Md.
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

Primary	<u>Typhoid Fever & Pneumonia</u>	How long	<u>2 to 3 weeks</u>
Immediate	<u>collapse</u>	How long	<u> </u>

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

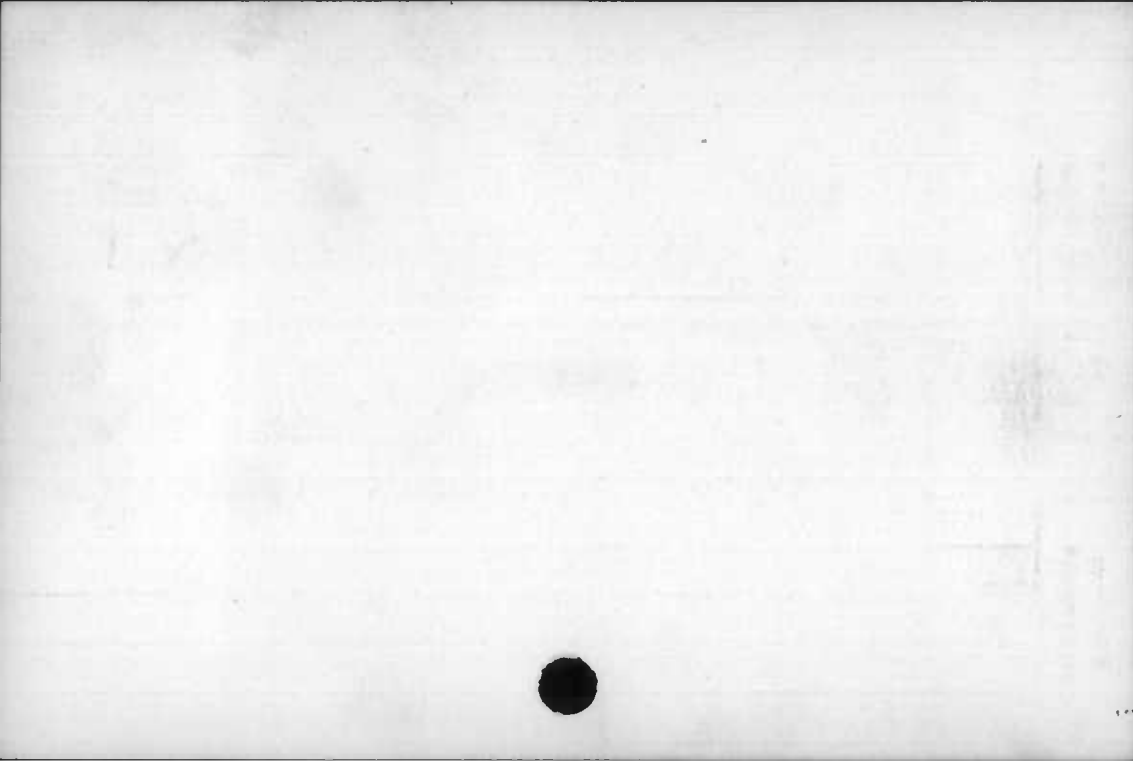
Address

James Rath:
Union Bridge
Md.

Accident or Suicide



Name in Full		Not Named Pennington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Hampstead</i>		Town <i>Carroll</i>		County		MARYLAND
	Date of death <i>1909</i>		Month <i>aug</i>	Day <i>30</i>	Age <i>still Born</i>	Years	Months
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>near Hampstead</i>		
	Occupation <i>none</i>		Where Residing if not at place of death <i>at Home</i>				
	Married, Single or Widowed <i>---</i>		Name of Wife or Husband <i>---</i>				
	Father's Name <i>Harry H Pennington</i>				Father's Birthplace <i>Hampstead</i>		
	Mother's Maiden Name <i>Ada D Pennington</i>				Mother's Birthplace <i>Snydersburg</i>		
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>still Born</i>		How long <i>8</i>		
	Immediate				How long <i>---</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. G. Wells, M.D.</i>				
	Accident or Suicide? <i>---</i>		Address <i>Hampstead Maryland</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Aug

26

Age 1

5

Sex

Boy

Color or
Race

White

Birth-
place

Daniel

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Calvin E Pickett

Father's
Birthplace

Daniel

Mother's
Maiden Name

Goulda B Keefer

Mother's
Birthplace

Tayney town

Name of person giving
In formation

Calvin E Pickett

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid

How long

8 months

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

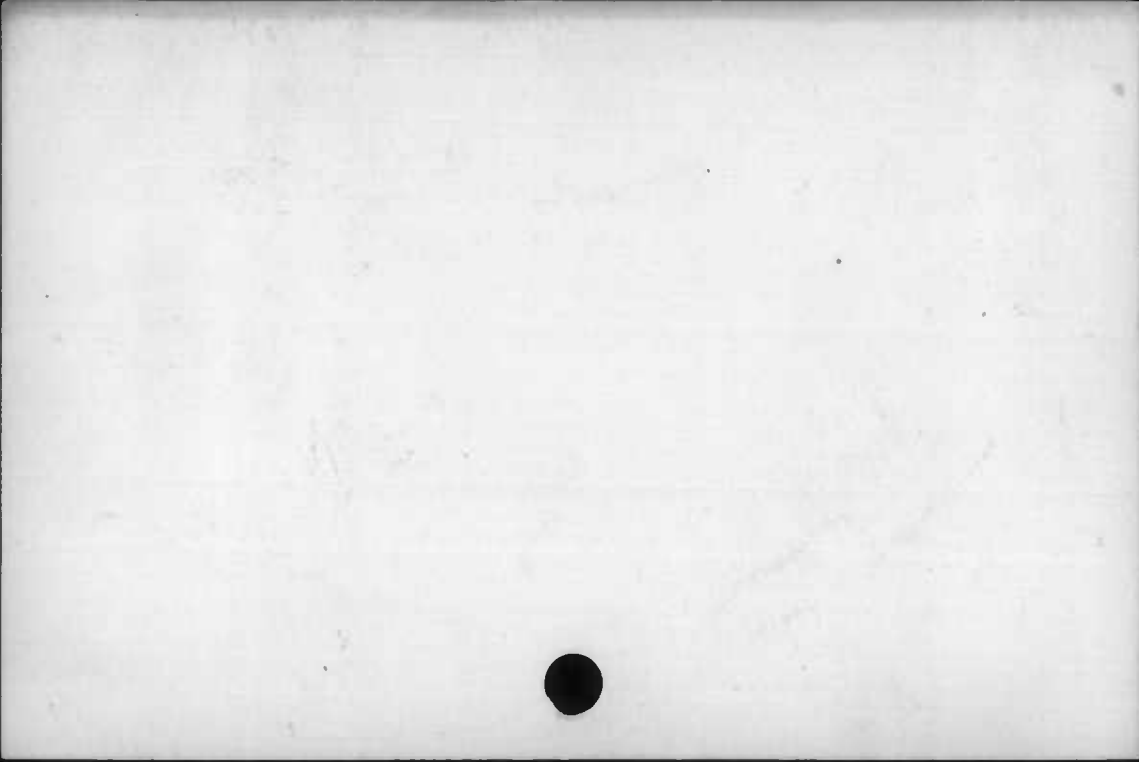
Signature of
Physician

E O Grunk

Address

Winfield Carroll Co.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Pohlar

Town

County

MARYLAND

Died at Springfield State Hosp.

Carroll

Date

of death

1909 Aug.

Month

Day

18th

Age

Years

75

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

Hosp. records

How related
to deceased

CAUSES OF DEATH

154

Primary

Senile Dementia

How long

about 2 years

Immediate

Ephraetion

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. H. Snavely

Address

Springfield State Hosp.
Sykesville, Md.

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

Joseph M Pool

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

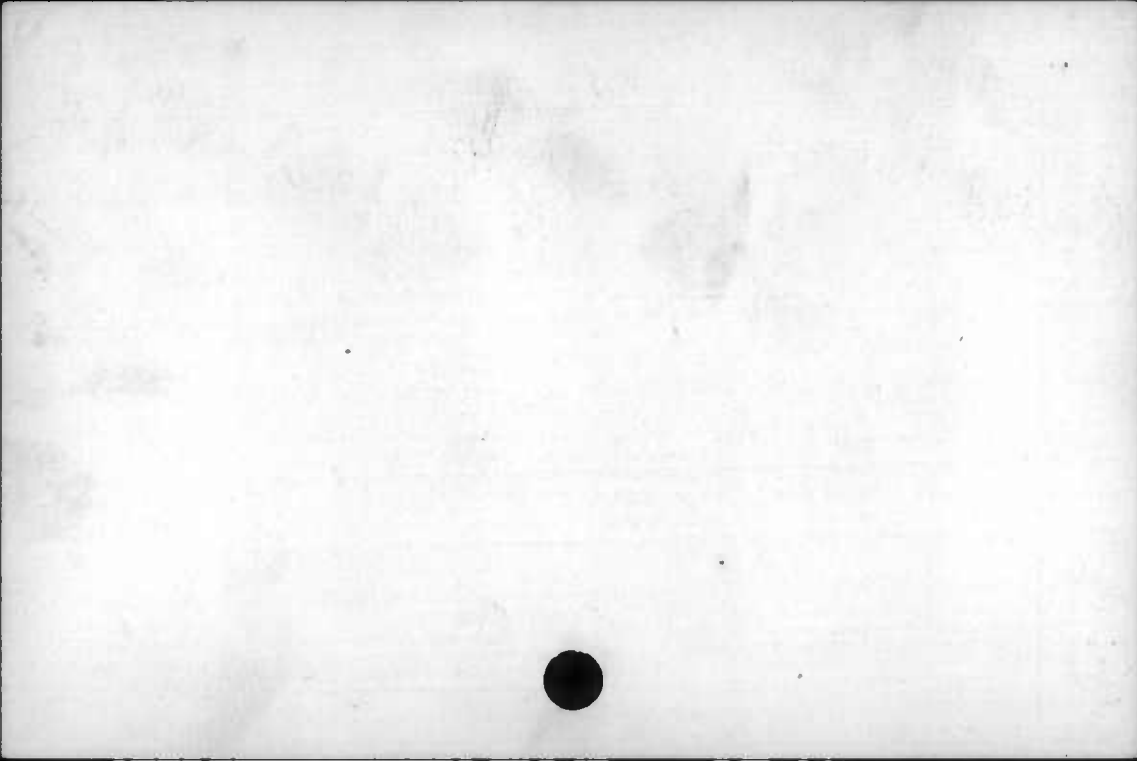
Died at ^{Town} <i>Marietta</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	aug	Day	16 th
Age		Years		Months	
Sex		Color or Race		Birth-place	
<i>male</i>		<i>colored</i>		<i>Carroll Co Md</i>	
Occupation		Where Residing if not at place of death			
		<i>at. This home</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
<i>Joseph Pool</i>		<i>Md</i>			
Mother's Maiden Name		Mother's Birthplace			
<i>Linda Fields</i>		<i>Va</i>			
Name of person giving information		How related to deceased			
<i>Joseph Pool</i>		<i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>About 2 months</i>
Immediate	<i>Emaciation & prostration</i>	How long	<i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Benj. F. Shipley</i>	
		Address	
		<i>1 Alpha Md</i>	
		<i>Howard Co</i>	
Accident or Suicide?			



Name
in
Full506
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *Ruth Rebecca Reese* Town *Westminster* County *Leannol* MARYLAND

Died at *Westminster* Month *Aug* Day *22* Age *3* Months *9* Days

Date of death *1909 Aug 22*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Sisters Church Academy
Sham

Name
in
Full505
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *John B. J. Sellman* County *Carroll* MARYLAND

Died at *Westminster* Month *Aug.* Day *22* Age *80* Months *2* Days *5*

Date of death *1909*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Retired Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Savilla C. Hartsook*

Father's Name *Joshua Sellman* Father's Birthplace *Maryland*

Mother's Maiden Name *Marranda Nelson* Mother's Birthplace *Id.*

Name of person giving Information *Carrie Storer* How related to deceased *Slaughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's dis. + dilated heart* How long *2 years*

Immediate *uremia* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. Woodward*

Address *Westminster Md.*

Accident or Suicide *—*

Stone Chapel
Shaner

Name
in
Full571
CERTIFICATE OF DEATH

Mary Susan Shaffer

Died at

Westminster

County

Carroll

MARYLAND

Date

of death

1909

Month

Aug

Day

29

Age

Years

49

Months

3

Days

5

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harry

Shaffer

Father's
Name

Joseph Eckelrode

Father's
Birthplace

Penn

Mother's
Maiden Name

Rebecca Wise

Mother's
Birthplace

Penn

Name of person giving
Information

Eckelrode

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Epilepsy & Parosol
Dilated heart

How long

Several years

Immediate

How long

6 mos

Are the name, age, sex, color, date
and piece correctly given above?

Yes

Signature of
Physician

J. L. Woodward

Address

Westminster
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

St Benf Lutheran Cemetery
Finer

Name
in
Full

Emma B. Shaw.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Springfield Hospital Carrace CountyDate of death 1909 - August 10th Age 35 Months - Days -Sex Female Color or Race White Birth-place Ind.Occupation Housewife Where Residing if not at place of death UnknownMarried, Single or Widowed Married Name of Wife or Husband UnknownFather's Name George Backman Father's Birthplace Ind.Mother's Maiden Name Mary Burk Mother's Birthplace Ind.Name of person giving Information Hospital records. How related to deceased None.

CAUSES OF DEATH

Primary General Paresis 67 How long 3 yrs.Immediate Exhaustion How long 1 week.Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

Address

W. Henry Fisher M.D.
Sylkerville
Ind.Accident or Suicide No.PHYSICIAN
OR CORONER



Name
in
Full

Henry A Shoemaker ✓

CERTIFICATE OF DEATH

Died at ^{Town} Taneytown ^{County} Carroll MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 21 Age ^{Years} 61 ^{Months} 10 ^{Days} 16

Sex Male Color or Race White Birth-place Carroll Co Ind

Occupation Carpenter Where Residing if not at place of death

Married, Single ~~Widowed~~ Married Name of Wife or Husband Mary Jane Shoemaker

Father's Name John Shoemaker Father's Birthplace Unknown

Mother's Maiden Name Catherine E Beecher Mother's Birthplace "

Name of person giving Information Mary J Shoemaker How related to deceased Wife

CAUSES OF DEATH

Primary Sarcoma. R. Arm How long 45 X 4 years

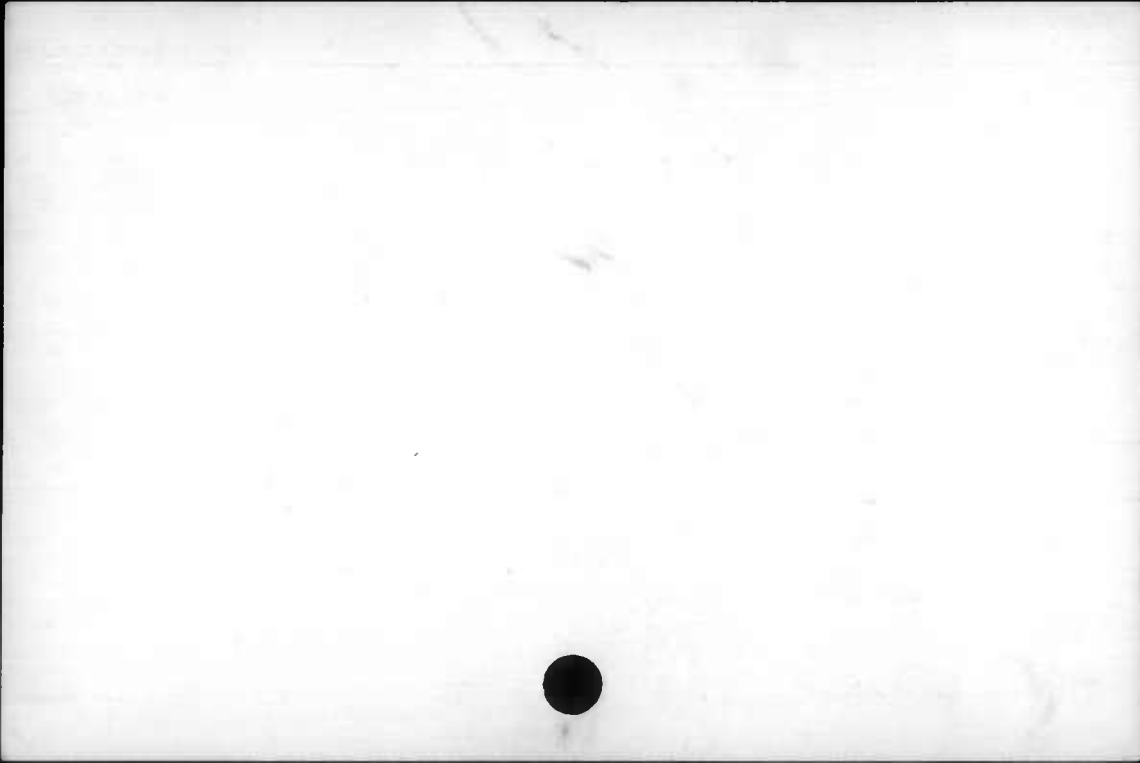
Immediate Hemorrhage from axillary artery How long Sudden

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Charles B. Roof

Address Taneytown Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Adelaide M. F. Shriver

CERTIFICATE OF DEATH

Died at Providence Carroll County MARYLAND

Date of death 1909 Month 8 Day 21 Age 40 Years Months Days

Sex Female Color or Race white Birth-place Mid-

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Percy Shriver

Father's Name Charles M. Fadden Father's Birthplace Pa.

Mother's Maiden Name Sarah A. M. Tuttle Mother's Birthplace Pa.

Name of person giving information Dr. Charles M. Fadden How related to deceased Son

CAUSES OF DEATH

Primary Tuberculosis How long Several years

Immediate Exhaustion How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. Davis, M.D.

Accident or Suicide No Address Providence, Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Do. Grant & Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sally Shury* Town *Union Bridge* County *Carroll* MARYLAND

Died at *Union Bridge*

Date of death 190 *9* Month *8* Day *8* Age *84* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Wd,*

Occupation *House wife* Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of Wife or Husband *Jeramiah Shury*

Father's Name *John Danderer* Father's Birthplace *Wd*

Mother's Maiden Name *Margaret Shiner* Mother's Birthplace *Wd*

Name of person giving Information *Dora Clary* How related to deceased *Niece*

CAUSES OF DEATH

154 X

PHYSICIAN
OR CORONER

Primary *Senile Decay* How long *17 months*

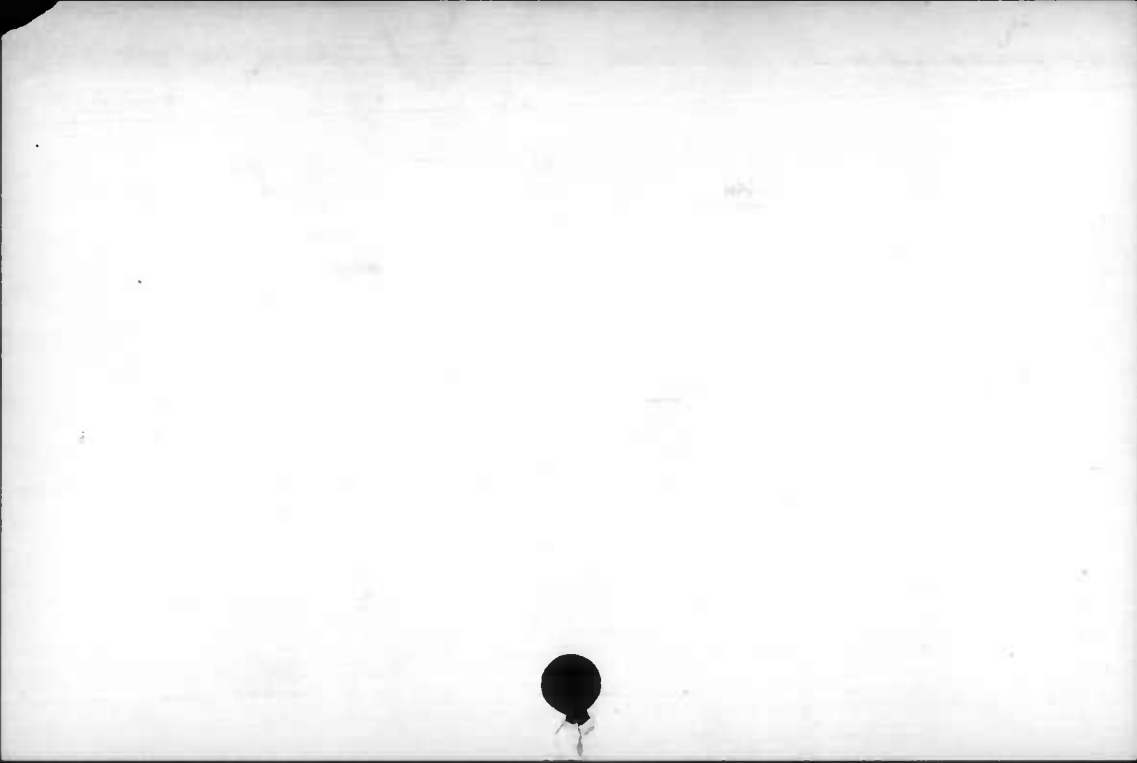
Immediate *Heart* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. Blumkin Brown*

Address *Union Bridge*

*Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

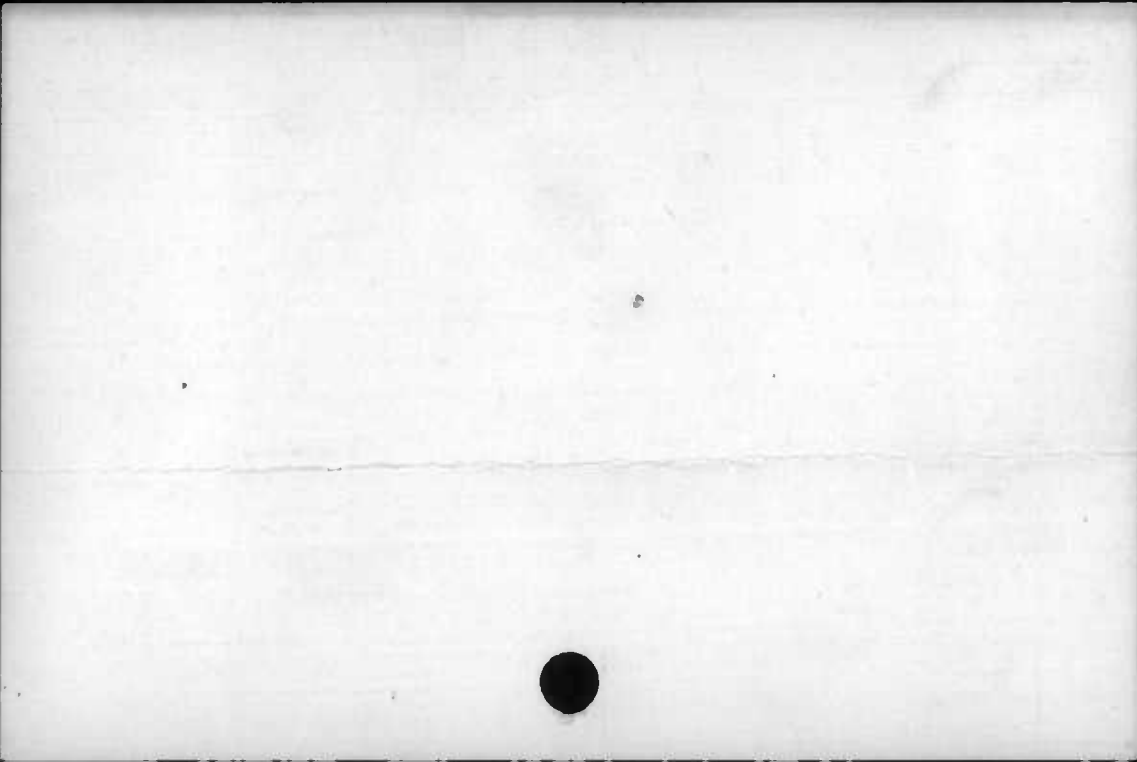
Died at <i>Uniontown</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1909 Aug 9th</i>		Month		Day		Years		Months	
Age <i>40</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Mc Kinsty Mill</i>		Days <i>4</i>	
Occupation <i>Banker</i>		Where Residing if not at place of death <i>Uniontown</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Smith Singer</i>		Father's Name <i>Jacob Singer</i>	
Mother's Maiden Name <i>Erise (Ann)</i>		Father's Birthplace		Mother's Birthplace <i>Taneytown Md</i>		Name of person giving information <i>Ray H. Singer</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>		How long <i>3 years</i>	
Immediate <i>Intestinal Obstruction</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Luther Keen</i>	
		Address <i>Uniontown Md</i>	
Accident or Suicide?			



Name
in
Full

Kenneth Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

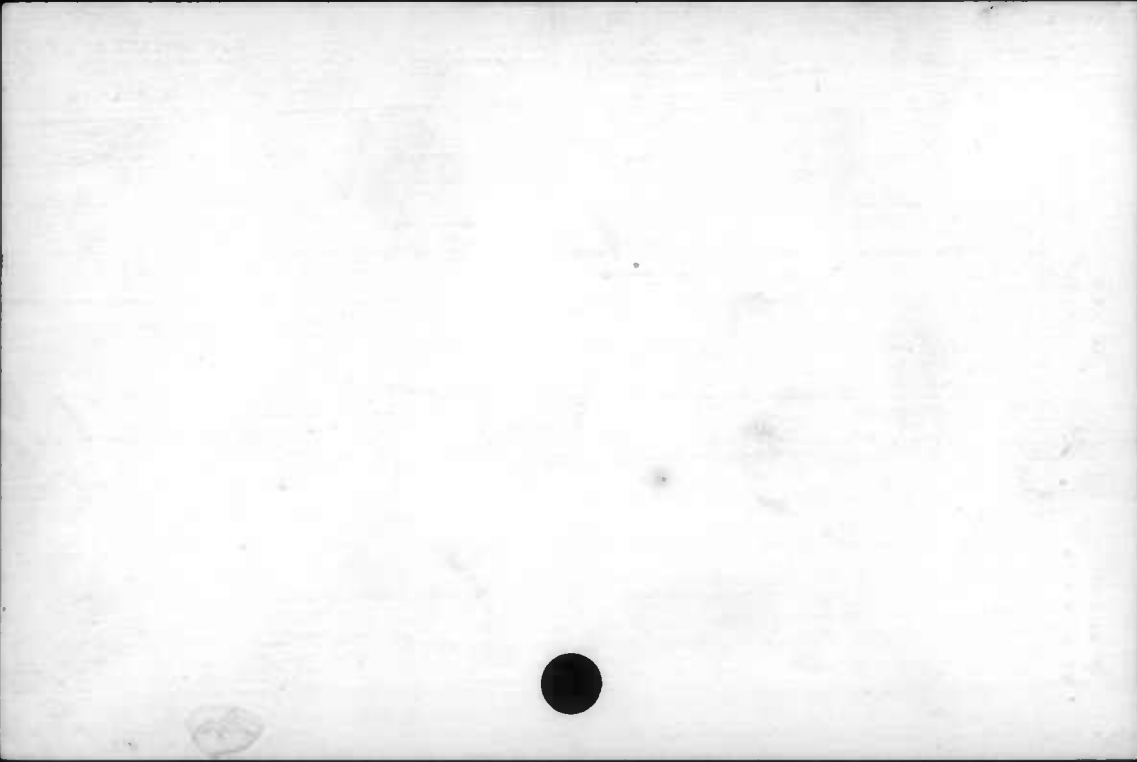
Died at		Town <i>Union Bridge</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	<i>Aug.</i>	Day	<i>25</i>	Age	<i>35</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Union Bridge</i>
Occupation	<i>man</i>			Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>name</i>				
Father's Name	<i>James M. Bennett</i>					Father's Birthplace	<i>Westminster</i>
Mother's Maiden Name	<i>Addie M. Delphy</i>					Mother's Birthplace	<i>Union Bridge</i>
Name of person giving Information	<i>Father</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	<i>Plomarie Poison</i>	How long	<i>10 hrs</i>
Immediate	<i>Cow's Milk.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>G. H. Legg</i>
<i>yes</i>		Address	<i>Union Bridge Md.</i>
Accident or Suicide		<i>no</i>	



Name in Full Irene Thomas.		Town near Sykesville.		County Carroll		CERTIFICATE OF DEATH	
Died near Sykesville.		Month Aug.		Day 26.		Age —	
Date of death 1909		Month Aug.		Day 26.		Age —	
Sex Female.		Color or Race negro.		Birth-place Md.		Months 3	
Occupation —		Where Residing if not at place of death Hoggs Mill, Carroll Co. Md.		Days 0			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Remus Fisher		Father's Birthplace Md					
Mother's Maiden Name Iolia Verona Thomas		Mother's Birthplace Md.					
Name of person giving information Irene Thomas		How related to deceased Mother					
		CAUSES OF DEATH					
Primary Faulty nutrition and malarious.		How long 2 months					
Immediate Cholera Infantum.		How long 2 days.					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. W. Lacy.					
		Address Lisbon.					
Accident or Suicide?		No physician seen in attendance.					

Daisy Howard Co

Jan R. Weir

Name
in
Full

William Russel Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

dk. Died at Allesia Town of Carroll County MARYLAND
 Date of death 190 9 Month 8 Day 11 Age — Years — Months — Days 21
 Sex Male Color or Race White Birth-place Allesia Md
 Occupation — Where Residing if not at place of death over Allesia. Md
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name William Weaver Father's Birthplace Manchester, N.H.
 Mother's Maiden Name Amia Marsh Mother's Birthplace Yountville, Cal.
 Name of person giving information William Weaver How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro-Enteritis
with jaundice

How long

5 days

How long

Are the name, age, sex, color, date and place correctly given above?

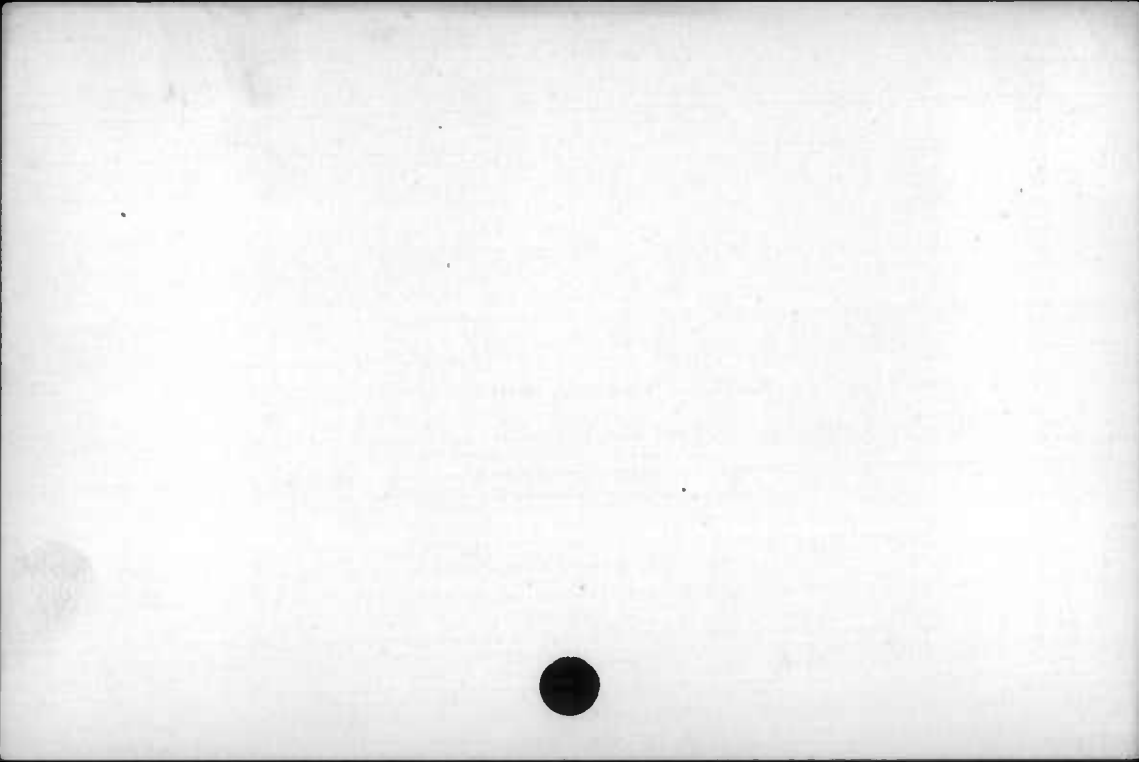
yes

Signature of Physician

Address

T. Howard Wood, M.D.
Sinebors Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Emory Wheatley

Town *Syracuseville* County *Carroll* MARYLAND

Died at *Syracuseville* *Carroll*

Date of death 1909 *Aug* Month *14* Day *Age* *—* Years *11* Months *26* Days

Sex *male* Color or Race *W. white* Birth-place *Carroll Co*

Occupation *none* Where Residing if not at place of death *same*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Geo. W. Wheatley* Father's Birthplace *md*

Mother's Maiden Name *Mary R. Adams* Mother's Birthplace *md*

Name of person giving Information *Geo. W. Wheatley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

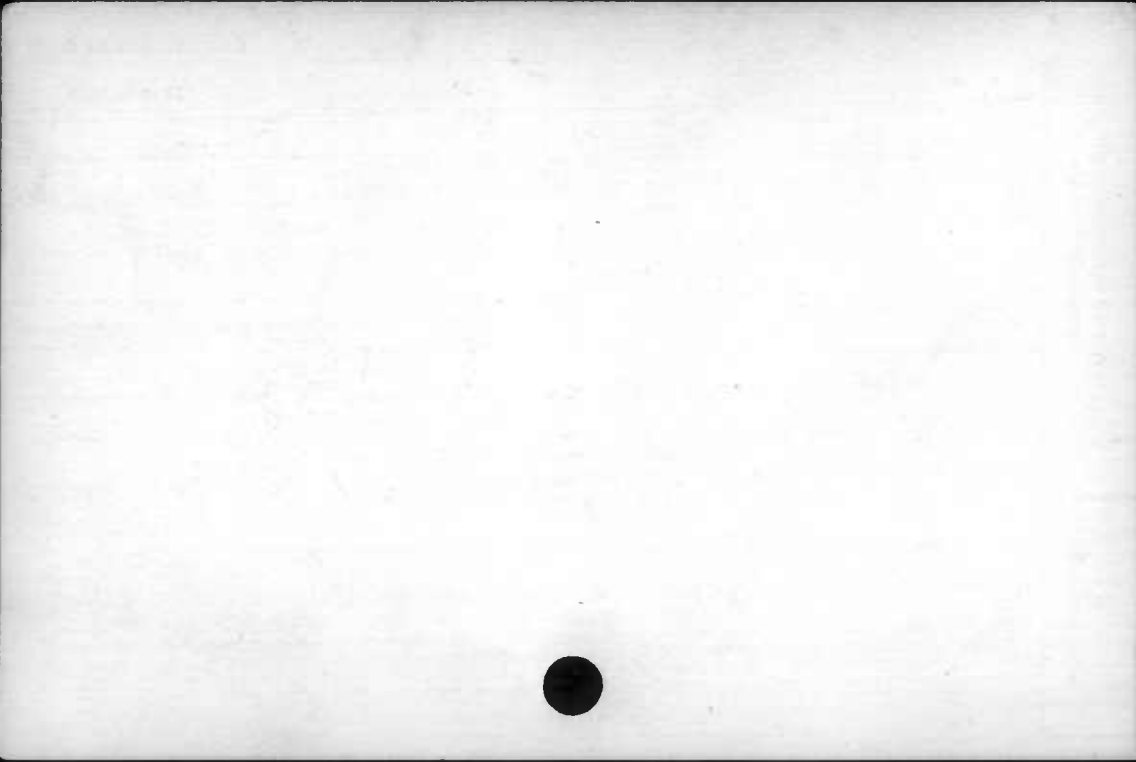
Primary *Enteritis* *105* How long *4 weeks*

Immediate *meningitis* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M. D. Morris* Address *Eldersburg*

Accident or Suicide *no*



Name
in
Full

Henrietta Wienert

512

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

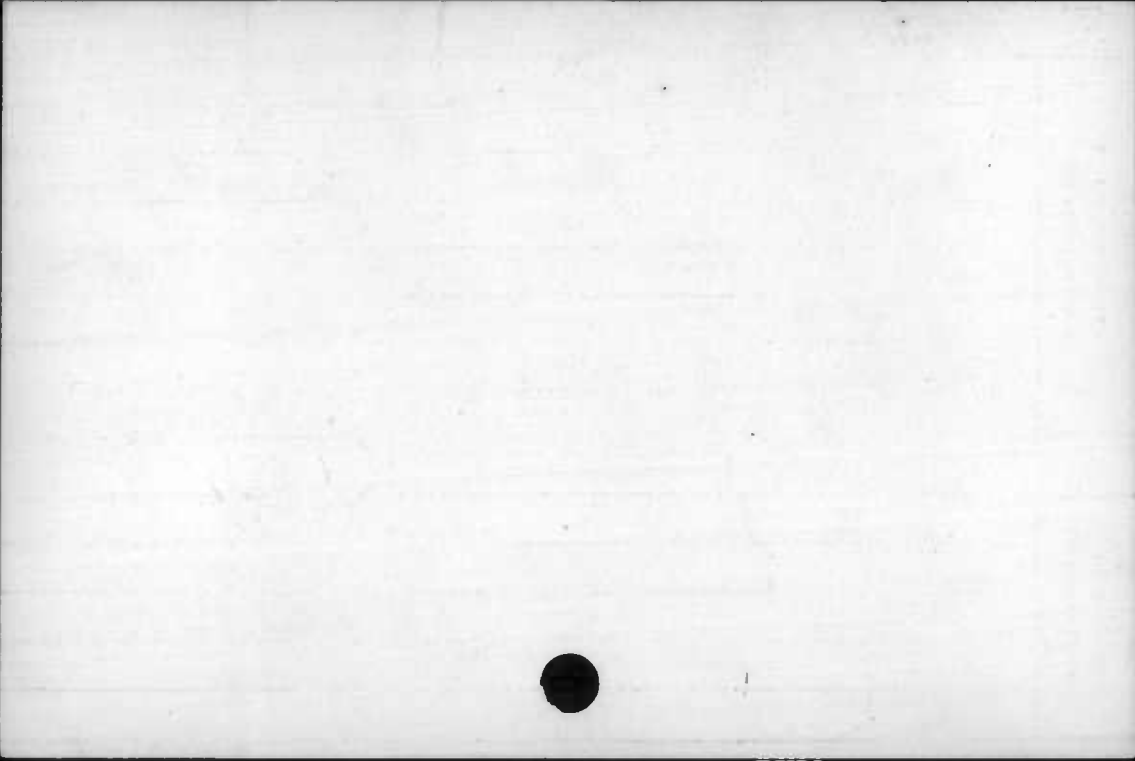
Died at <u>Westminster</u> ^{Town}		<u>Conroe</u> ^{County}		MARYLAND	
Date of death 1909	Month 8	Day 29	Age 53	Months	Days
Sex Female	Color or Race white	Birth-place Westminster			
Occupation Domestic	Where Residing if not at place of death				
Married, Single or Widowed Divorced	Name of Wife or Husband				
Father's Name Geo. W. Wienert (deceased)	Father's Birthplace Maryland				
Mother's Maiden Name Mary Leaze	Mother's Birthplace Maryland				
Name of person giving Information Mrs Harry Little	How related to deceased Sister				

PHYSICIAN
OR CORONER

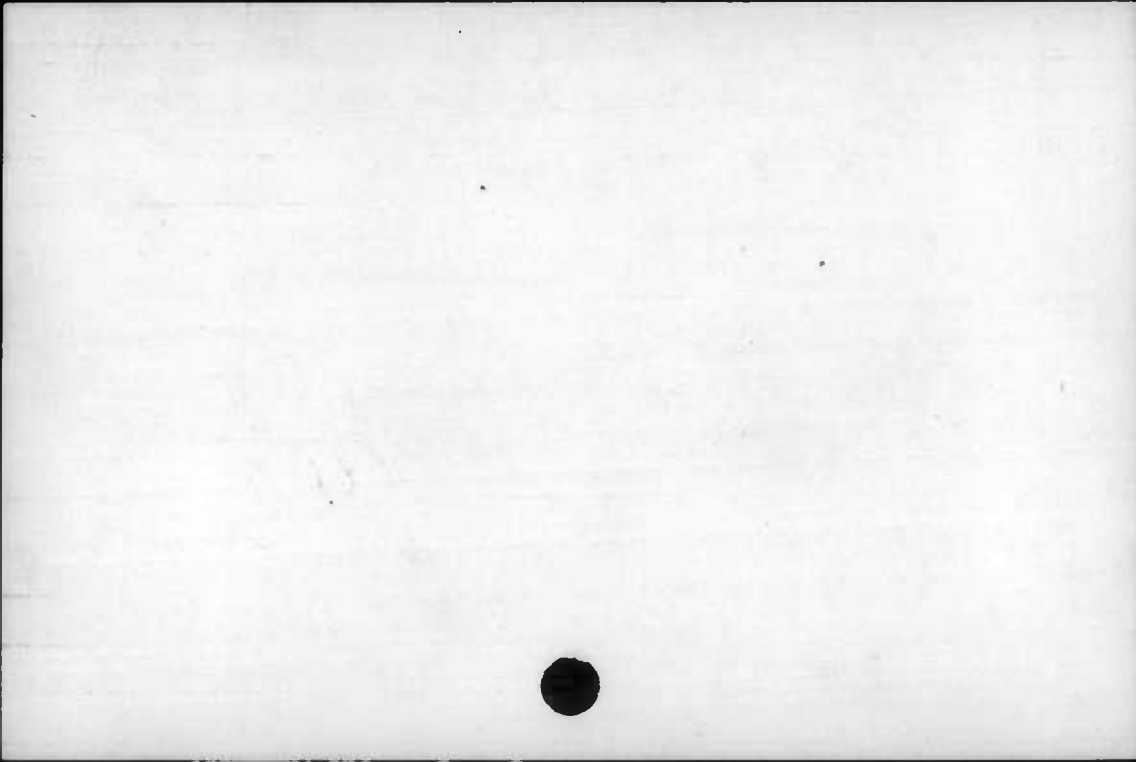
Explosion of a lighted <u>Heroseene lamp</u>		CAUSES OF DEATH		(167)	
Primary	3 rd degree Burn	How long	8 hours		
Immediate	Respiratory & Cardiac Failure	How long	2 hours		
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. Luther Bann			
		Address Westminster			
Accident or Suicide		Ind			

St-Benoit South-Cover
Stenois

Name in Full		Helen Wighting				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		M ^r Amy		County		MARYLAND
	Date of death		1909 Aug		Carroll		
	Sex		Female		Age		Months
	Color or Race		White		Birth-place		Days
	Occupation				Where Residing if not at place of death		7
	Married, Single or Widowed		Single		Name of Wife or Husband		Baltimore Md 104 Calender St.
	Father's Name		not known		Father's Birthplace		not known
PHYSICIAN OR CORONER	Mother's Maiden Name		not known		Mother's Birthplace		not known
	Name of person giving information				How related to deceased		
	CAUSES OF DEATH						105 X
	Primary		Diarrhoea.		How long		4 wks
Immediate		Broncho Pneumonia		How long		1 wk.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Walter S. Platteau, M.D.			
		Address		802 Cathedral St.			
				Baltimore D.C.			
Accident or Suicide?				per PC Jones Barnett Hosp.			



Name in Full		Elymer L. Wink				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Maple Grove		County		MARYLAND	
	Date of death	1909	Month	Aug	Day	6	Age
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
FATHER'S NAME	J H Wink				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
				<div>CAUSES OF DEATH</div> <div>61</div>			
PHYSICIAN OR CORONER	Primary	Cerebro Spinal Meningitis				How long	4 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				J H Sherman M.D. Manchester Ind			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: Burtis Daniel Gepp Town: Deep Run County: Carroll
 Died at: Deep Run Maryland
 Date of death: 1909 Aug 27 Age: 3 Months: 0 Days: 0
 Sex: Male Color or Race: White Birth-place: Deep Run, Md.
 Occupation: _____ Where Residing if not at place of death: _____

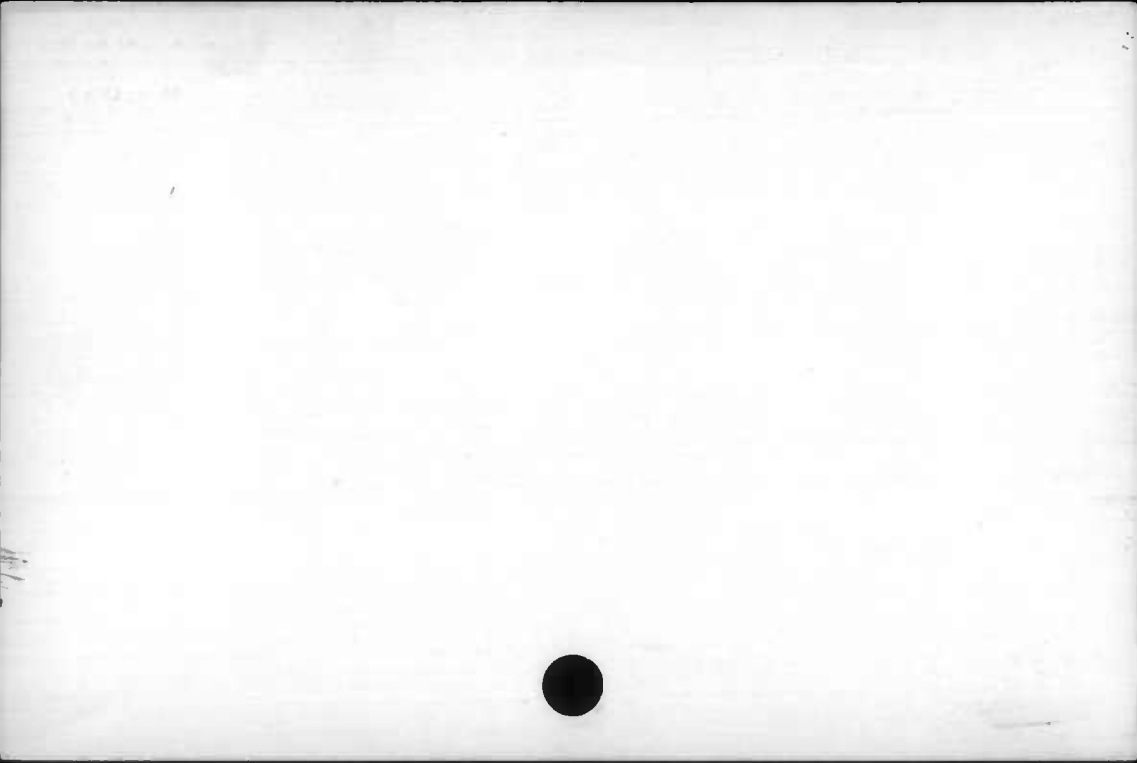
Married, Single or Widowed: _____ Name of Wife or Husband: _____
 Father's Name: Lewis Daniel Gepp Father's Birthplace: Carroll, Md.
 Mother's Maiden Name: Elizadane Foreman Mother's Birthplace: Carroll, Md.
 Name of person giving Information: Lewis Daniel Gepp How related to deceased: Father

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary: Malaria How long: 2 weeks
 Immediate: T. B. Adenitis How long: 1 week
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician: L. Lewis Wetzel
 Address: Union Mills Maryland
 Accident or Suicide: _____



Name
in
Full

CERTIFICATE OF DEATH

Jeff. Rebecca L.

Died at ^{Town} Springfield Hospital.^{County} Carroll

MARYLAND

Date of death 1909 August

Day 30

Age 55

Months -

Days -

Sex Female

Color or
Race

White

Birth-
place

Penn.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~wife~~ or
Husband

John E. Jeff.

Father's
Name

Reuben Schaffer

Father's
Birthplace

Unknown

Mother's
Maiden Name

Rebecca Stumbach

Mother's
Birthplace

Penn.

Name of person giving
Information

Hospital records.

How related
to deceased

None

CAUSES OF DEATH

106

Primary

Colitis

How long

10 days.

Immediate

Exhaustion from malnutrition

How long

4 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

W. Henry Fisher M.D.

Address

Sykesville

Md.

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

11

